

**FILED DEC 26 1946**  
Registration District No. 1846

Primary Registration District No. 4261

Registrar's No. 79

**1. PLACE OF DEATH:**

(a) County Knox

(b) City or town Hurdland  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Seventy Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Knox 52

(c) City or town Hurdland 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ none \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 11  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Olive Holloway Surry

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel C. Surry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Silas Holloway 9

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Charlotte (unknown) 9

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roscoe Whiteaker

(b) Address Hurdland, Mo.

17. (a) burial (b) Date thereof 11/26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hurdland, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Hurdland, Mo.

19. (a) Dec-11-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 24  
year 1946 hour Evening minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1946 to Nov 23 1946  
that I last saw him alive on Nov 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Aorta

Due to Arteriosclerosis of Coronary vessels

Due to \_\_\_\_\_

Other conditions Benign Prostatic Hypertrophy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 948

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 2

23. Signature [Signature] (M. D. or other) 80  
Address [Address] Date signed 11/26/46

Duration \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*[Faint handwritten notes and scribbles]*

**RECEIVED**  
District Health Officer No. 10  
District File No. 12-46-233  
Date Filed **DEC. 24 1946**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Geoffrey J. Hurdland* .....

Licensed Embalmer No. *3758*

P. O. Address *Hurdland Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above:**