

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 22 1942  
Registration District No. 1894

Primary Registration District No. 4277

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County MONITEAU  
(b) City or town LYNN RURAL  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU  
(c) City or town LUPUS MISSOURI  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME LEWIS EDGAR HURSTON

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased 12 / 1 / 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation LABORER

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

MOTHER FATHER { 12. Name John HUTCHISON  
13. Birthplace NORTH CAROLINA  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name MATILDA HARBOY  
15. Birthplace NORTH CAROLINA  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Harbo  
(b) Address Jonestown MO

17. (a) BURIAL (b) Date thereof 3-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MOUNT ZION

18. (a) Signature of funeral director C. ALBERT HOYNEBECK  
(b) Address PRALIE HOME MO

19. (a) Mar-21-42 (b) Grace Montgomery  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from dead  
when first seen, 19\_\_\_\_, at \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death suicide Duration \_\_\_\_\_

Due to gunshot wound

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

Other conditions (Include pregnancy within 3 months of death) 164e

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

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence March 18, 1942

(c) Where did injury occur? Lupus, Moniteau MO  
(City or town), (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury gunshot

23. Signature Kenneth Latham (M. D. or other) Coroner  
Address California, MO Date signed 3/19/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 10 1942

**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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prarie Home 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, above space should be left blank.**