

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6868
 Do not use this space.

USE MAR 20 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St. Julius Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daniel Lester Humphrey

(a) Residence, No. Racine, Newton Co., Missouri St. Racine, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Humphrey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5th 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine, Mo.

FATHER 13. NAME John Monroe Humphrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ritchey, Mo.

MOTHER 15. MAIDEN NAME Sarah E. Testerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine, Mo.

17. INFORMANT (ADDRESS) Mildred Atow

18. BURIAL, CREMATION, OR REMOVAL PLACE Racine, Mo. DATE Feb. 26 1939

19. FUNERAL DIRECTOR (ADDRESS) Mitchell-Chase Seneca, Mo.

20. FILED 3-6-39 Ed D. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-2 1939, to 2-24 1939.
 I last saw him alive on 2-24 1939. Death is said to have occurred on the date stated above, at 8:30 AM.
 The principal cause of death and related causes of importance were as follows:

Permeian Anemia

Other contributory causes of importance:
Broncho pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? Abt. test Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Mitchell-Chase M. D.

(Address) Joplin, Mo.

Date of onset
1/10/39
12/31/39
2/8/39

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-641

Date Filed MAR 21 1939

STATEMENT BY LICENSED EMBALMER

I, Wally Thompson, Licensed Embalmer No. 3259
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Wally Thompson

..... L. E.
No. 3259 or by, Registered Apprentice No.
working under my personal supervision.

Signed Wally Thompson
Licensed Embalmer No. 3259

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.)