FEB 21 1940

No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3368

Registration District No. 677 Primary Registration District No. 4403 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Phelps 2
(b) City or town Rolla
(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)
In this community 5 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town Rolla
(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 Emma Humberger
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
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 Jan 26. 1871 (Month) (Day) (Year)
8. AGE: Years 68 Months 11 Days 16 If less than one day hr. min.
9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Sec'y, Treas + Collector
11. Industry or business Humberger Trans Co
MOTHER FATHER
12. Name Tobias Humberger
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Dearfield
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Wm Humberger
(b) Address Rolla Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery
18. (a) Signature of funeral director Mrs Harry McCaul
(b) Address Rolla Mo.
19. (a) Jan. 14, 1940 (Date received local registrar) (b) Jos. F. Cayen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/12 - 40 day year hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from 1-1-39, 19..., to 1-12-, 1940 that I last saw her alive on 1-12-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of the skin (pubic region)
Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

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

23. Signature E. E. Zeigel M.D. (M. D. or other)
Address Box 534 Rolla, Mo Date signed 1-18-40

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(Licensed Embalmer's Statement on Reverse Side)

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.~~

RECEIVED

District Health Officer No. 5

District File Number 240 931

Date Filed 2 6 46

Signed R. Z. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla

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

If this body is not embalmed, above space should be left blank.