

No. 2
-10-39
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14221

State File No. _____

MAY 15 1940
Registration District No. 51

Primary Registration District No. 4030

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Hume
(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) 9-

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

In this community 8 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Hume
(If outside city or town limit, 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 Harold J. Humble 514

8. (b) If veteran, name war X

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7
year 1940 hour 5.45 minute A M.

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Feb 20, 1940, to Apr 7, 1940, that I last saw him alive on Apr 7, 1940, and that death occurred on the date and hour stated above.

7. Birth date of deceased June 12, 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>9</u>	<u>26</u>	hr. _____ min.

Immediate cause of death

Pulmonary Tuberculosis today

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

Due to Exposure 8 hours in snow storm in February 1940

10. Usual occupation Truck Driver

Other conditions (Include pregnancy within 3 months of death) J J

11. Industry or business 1

MOTHER FATHER { 12. Name Wm Humble

{ 13. Birthplace Kansas
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eliz. Shawick
Illinois

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Hume Mo.

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

(b) Address burial

17. (a) _____ (b) Date thereof Apr. 9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hume Cemetery Booth Funeral Serv

(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? _____

18. (a) Signature of funeral director Rich Hill Missouri 54

(b) Address _____

19. (a) Apr 15 1940 (b) Gern H. Martin
(Date received local registrar) (Registrar's signature)

ce _____ (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Wm H. Allen (M. D. or other)

Address Hume Date signed 7/9/40

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

RECEIVED

District Health Officer No. 7,

District File Number 5-40-768

Date Filed 8-6-40

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.....

myself....., Registered Apprentice No.
working under my personal supervision.

Signed John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.