No. 2
-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43695

FILED JAN 25 1941

Registration District No. 57 Primary Registration District No. 3036 Registrar's No. 217

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

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles (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 9 yrs 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. CHARLES
(c) City or town ST. CHARLES (If outside city or town limits, write "RURAL")
(d) Street No. 423 N 2ND ST - (REAR) (If rural, give location)
(e) If foreign born, how long in U. S. A.? = years.

3. (a) PRINT FULL NAME Homer William Humphrey
3. (b) If veteran, name war Dont know
3. (c) Social Security No. Dont know
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March (Month) 5 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	9	26	hr. min.

9. Birthplace Scottsburg Indiana (City, town, or county) (State or foreign country)
10. Usual occupation News paper
11. Industry or business Office of Banner News
FATHER
12. Name John Humphrey
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lilly Gray
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Rexena Honnold
(b) Address 501 W Ill St Urbana Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Red Moo Ill Embarass Cemetery
18. (a) Signature of funeral director Cunning Tay - Mussman
(b) Address 424 Spruce St St Charles Mo
19. (a) Jan 1-1941 (Date received local registrar) (b) Clarence G. Messen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st year 1940 hour 10-30 minute a M.
21. I hereby certify that I attended the deceased from December 15, 1940 to December 21, 1940; that I last saw him alive on December 21, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Cardiac Decompensation	2 Wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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
(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
679
23. Signature [signature] (M. D. or other) MD
Address 121 N. Main St. Chas Date signed 1-1-41

(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. [illegible]

working under my personal supervision.

Signed Leland H Cunningham

Licensed Embalmer No. 354

P. O. Address St Charles Mo

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, fact should be so stated above.