FILED MAR 19 1941

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

8378
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard — Registration District No. 836 103
(b) Township Elk 1 — Primary Registration District No. 6100 — Registered No. 6
(c) City ~~near~~ Parma Mo — (d) Street No. ..... 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 15 yrs. ~~x~~ mos. X ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY HUMPHREY
(a) Residence, No. Stoddard Co. Mo. St. ☐
(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: F
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Silas Humphrey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 28, 1893
7. AGE: YEARS 47 — MONTHS 1 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Lee Co. Ark.

FATHER
13. NAME: Pomfy Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER
15. MAIDEN NAME: U. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 9

17. INFORMANT (ADDRESS): Allie Williams R#1 Parma Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE near Parma Mo. DATE Feb. 9, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Duncan Funeral Home Bernie Mo. Clk 7
20. FILED Feb 10, 1941 Laura Hopkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-8, 1941
22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1941, to 2-8, 1941
I last saw her alive on 2-7, 1940. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemmorhage — Date of onset: U.K.
Other contributory causes of importance: Arteriosclerosis
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no
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? No
If so, specify
(Signed) Edward Ford, M. D.
(Address) Parma Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

I X14028

RECEIVED
District Health Officer No. 2
District File Number 341-294
Date Filed 3/3/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.