

APR 15 1941

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **257**

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Amb- Enroute to St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None **3**
(Specify whether

In this community (None)
years, months or days)

3. (a) PRINT FULL NAME Thomas Humphrey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male **0**

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 About 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>about 72</u>	-	-	hr. min.

9. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business No place in particular

MOTHER FATHER {

12. Name Jesse Humphrey

13. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Monigold

15. Birthplace Unknown Penn. **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jesse Cope

(b) Address 1314 Frederick Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Heruan W. Sidenfaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 3-4-1941 (b) H. J. Vestelund
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. Camp Grounds
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3rd
year 1941 hour 9 minute 55 AM.

21. I hereby certify that I viewed the deceased from Mar 3d 1941, to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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? _____

(e) While at work? _____
(Specify type of place)

(f) Means of injury _____

23. Signature H. F. Mundy (M. D. or other) Coroner

Address 404 So 3d Date signed 3/4/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Albert C. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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, fact should be so stated above.