

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 20

Registrar's No. 1767

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 8-22-41
(Specify whether
in this community since 8-22-41
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Louis 999
(c) City or town La Grange Quincy 11
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route Edwards & Taylor's
(If rural, give location) Home
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

HUMPHREY, James P.

3. (b) If veteran, name war World 1918

3. (c) Social Security No. none

4. Sex M 2 5. Color or race Negro

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 December 17 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Bethel Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charley Humphrey

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

14. Maiden name Mattie Mogutia

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

16. (a) Informant _____

(b) Address Government Records, VAF, Jeff. Bk. Mo.

17. (a) Removal (b) Date thereof 8/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaGrange, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 25 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8-22-41
8-24-41 19 to _____ 19 _____

that I last saw him alive on 8-24-41, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, chronic with hematuria and uremia.
Due to Cause undetermined.

Duration

Unknown

Due to _____
Due to _____ 13/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation.

Of autopsy See cause of death.

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? _____

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

23. Signature R. W. GOOD, M.D. (M. D. or other) _____

Address Acting Chief Medical Officer signed _____

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

26000

101

SEP 30 1941

SEP 30 1941

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.....

W. W. Wilkins

Licensed Embalmer No..... 3575

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, fact should be so stated above.