DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31134

Registration District No. 89 — Primary Registration District No. 5131 — Registrar's No. 402

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town nera-Hendrickson [illegible]
(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
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1324.A.N.Glasgow 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ~~34 yrs.~~ 1 years.

3. (a) PRINT FULL NAME Robert Lee Humphrey

3. (b) If veteran, name war none

3. (c) Social Security No. 493-05-8120.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Mrs. luella Humphrey.

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Pine Bluff, Ark, 10 17 1907.
(Month) (Day) (Year)

8. AGE: Years 34 | Months xx | Days | If less than one day ____ hr. ____ min.

9. Birthplace Pine Bluff, Ark /
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer,

11. Industry or business National Lead Co,

MOTHER FATHER
12. Name Gene Humphrey
13. Birthplace ____ Ark, /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lilly Moss,
15. Birthplace ____ Ark, /
(City, town, or county) (State or foreign country)

16. (a) Informant Luella Humphrey,
(b) Address 1324.A. N.Glasgow, St Louis,

17. (a) Removal ~~Burial~~, (b) Date thereof 10-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Bluff, Ark

18. (a) Signature of funeral director Huer Croy
(b) Address Poplar Bluff, Mo

19. (a) 10-23-41 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 th year 1941. hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Fell off freight train one-half mile south Henderickson, Mo.

Due to Beating way on Mo.-Pacific freight train, fell off and hit by cars

Due to there was no witnessess to the accident

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

Major findings:
Of operations none

Of autopsy none necessary

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

169.8

39

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Oct. 17, 1941 012

(c) Where did injury occur? Butler County, Mo. /
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Missouri-Pacific Railroad, ½ mile So.
(Specify type of place) Henderickson, Mo.

While at work? No (e) Means of injury ____

23. Signature Alfred W. Greer Coroner 3
(M. D. or other)

Address Poplar Bluff Mo Date signed 10-21-41

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 4 1941

NOV 2 4 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 Wallace N. Fitch

Licensed Embalmer No. 3869

P. O. Address Poplar Bluff, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.