

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3576A

State File No. _____

BUREAU OF THE CENSUS
FILLED NOV 21 1941

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 122

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

1. PLACE OF DEATH: (Rolla) Phelps Co.
 (a) County _____
 (b) City or town Rolla Mo.
 (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 Phelps
 (c) City or town Rolla, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3rd and Pine streets
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alice Humberger
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 30
 year 1941 hour 2:00 minute _____ P.M.
 21. I hereby certify that I attended the deceased from July 1st, 1941, to Aug 30, 1941;
 that I last saw her alive on Aug 30, 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Andrew Humberger
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 17 1869
 (Month) (Day) (Year)

Immediate cause of death cardiac decompensation
 Duration 3 wks

8. AGE: Years 71 Months 9 Days 13
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions Chr. hypertension
 (Include pregnancy within 3 months of death) 10 yrs

10. Usual occupation at home

Major findings: Chr. nephritis
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name John Stinson
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Annie Clayton
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Willard Humberger
 (b) Address Rolla Mo.
 17. (a) Burial (b) Date thereof 8/1-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rolla Mo.

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? _____

18. (a) Signature of funeral director Mrs Harry McCaw
 (b) Address Rolla Mo.
 19. (a) Sept 1, 1941 (b) Jos. F. Ryan
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature E. E. Feil (M. D. or other) _____
 Address Rolla Mo. Date signed 9-14-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1942

RECEIVED

District Health Officer No. 5,

District File Number 10912032

Date Filed

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.....

Max L Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.