

No. 2  
4-13-40  
5-17-39  
X29159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
LED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40933

State File No. ....

Registration District No. 399

Primary Registration District No. 100

Registrar's No. 4614

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Wesley Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether)

In this community 3 weeks  
years, months or days)

3. (a) PRINT FULL NAME William C. Humphrey

3. (b) If veteran,  name war

3. (c) Social Security No. ....

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife ella V. Fleckman Humphrey

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased May 25 1855  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>6</u>	<u>18</u>	hr. min.

9. Birthplace Granbrier Co West Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired 10 years

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Bernth Humphrey

(b) Address Smithville, Mo.

17. (a) Burial (b) Date thereof 12-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Second Creek Platte Co. McGowan Mortuary

18. (a) Signature of funeral director Smithville, Mo.

(b) Address Smithville, Mo.

19. (a) Dec. 12, 1941 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 024

(c) City or town Nashua 0  
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Decemb day 12  
year 1941 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1941, to Dec. 12, 1941;  
that I last saw him alive on Dec. 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 7 years

Due to 1378

Due to

Other conditions Post operative prostatic  
(Include pregnancy within 3 months of death)

Major findings: E necrotic prostate

Of operations

Of autopsy Not done

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

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

23. Signature J. J. Mackey, M.D. (M. D. or other) 0  
Address 3714 West. N. C. Mo. Date signed 12/12/41

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

48  
38

**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..... *S. A. McConica*.....

Licensed Embalmer No. *2303*

P. O. Address *Switzville, Pa*

**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.**