

FILED FEB 11 1942
399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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

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: 1925 Main St
(If not in hospital or institution, write street number or location)

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

In this community: 50 yrs
years, months or days

3. (a) PRINT FULL NAME Frank Humphery

(b) If veteran, name war: 1200

(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: Katherine Humphery

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Mar-3-1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>28</u>	hr. _____ min.

9. Birthplace: O'Meara
(City, town, or county) (State or foreign country)

10. Usual occupation: Mng. Cafe

11. Industry or business: Golden Cafe

12. Name: Frank Humphery

13. Birthplace: no record 9
(City, town, or county) (State or foreign country)

14. Maiden name: Mary M. Malton
(City, town, or county) (State or foreign country)

15. Birthplace: no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Katherine Humphery

(b) Address: 1925 Main St.

17. (a) Burial (b) Date thereat: Jan. 6 1942
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: Mr C R Foster

(b) Address: 918 Brooklyn

19. (a) 1-5-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1925 Main St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1942 hour 2 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 20th
1941 to Jan. 2nd 1942
that I last saw him alive on Jan. 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis with metastasis to liver

Due to: _____

Due to: 46E

Due to: 46D

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Green color with metastasis to liver

Of operation: _____

Of autopsy: _____

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? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: R. O. Brown (M. D. _____)

Address: Kansas City, Kansas Date signed: 1/2-1942

MAR 19 1949

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. Cyril C. Browning

Licensed Embalmer No.....

2424

P. O. Address.....

F. C. no

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.