

FILED FEB 24 1942

Registration District No. 1

Primary Registration District No. 1

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution hospital
(Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 10 20
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1942 hour 12 minute 29 P.M.

21. I hereby certify that I attended the deceased from
Dec. 16 1941, to Jan. 16 1942;
that I last saw him alive on Jan. 16, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Cerebral hemorrhage

Duration

Other conditions (Include pregnancy within 3 months of death)
None

Major findings:
Of operations None
Of autopsy None

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 Richard S. Volk (M. D. or other) DO
Address Kirkville, Mo. Date signed 2/16/42

3. (a) PRINT FULL NAME George E. Humphrey

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bead 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 19 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Given Name Not Known - Humphrey

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

14. Maiden name Not Known

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

16. (a) Informant Bertha Cullifer

(b) Address Monroe City Mo.

17. (a) Removed (b) Date thereof Jan 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Kendall Cemetery

18. (a) Signature of funeral director George J. Givan

(b) Address Hannibal Mo.

19. (a) 1-19-42 (b) Mrs. J. P. Waynes
(Date received local registrar) (Registrar's signature)

104.9

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

1
3
3

FEB 27 1942

RECEIVED

District Health Officer No. 10

District File Number 2-42-370

Date Filed FEB 20 1942

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, by Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed George Swan

Licensed Embalmer No. 1754

P. O. Address Hammond, Ind.

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.