U. S. No. 2
Rev. 11-10-39
Rev. 5-17-39
Form I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 604

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4358

State File No. 2995

Registrar's No. 16

72 4 10

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether years, months or days) In this community All of Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town New Madrid Mo (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.? 0 years.

3. (a) PRINT FULL NAME Lee Hunter Hummel
3. (b) If veteran, name war Honed Nov-1917
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myra Hummel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 8 (Day) - 1888 (Year)

8. AGE: Years 53 Months 8 Days 2 If less than one day hr. min.

9. Birthplace New Madrid (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Druggist
11. Industry or business Private drug store
MOTHER FATHER
12. Name John Hummel
13. Birthplace New York (City, town, or county) N. Y. (State or foreign country)
14. Maiden name Bell Sherwood
15. Birthplace New Madrid (City, town, or county) Mo (State or foreign country)
16. (a) Informant Paul Hummel
(b) Address Charleston Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12-42 (Month) (Day) (Year)
(c) Place: burial or cremation New Madrid, Mo
18. (a) Signature of funeral director F. A. Richards Jr
(b) Address New Madrid Mo
19. (a) Jan 24 1942 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1942 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from 1-6-42, 19..., to 1-10, 1942; that I last saw him alive on 1-10, 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Respiratory Paralysis due to intracranial hemorrhage
Due to following Fall on 1-6-42
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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) Accident Fall
(b) Date of occurrence 1-6-42
(c) Where did injury occur? New Madrid (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)
While at work? (e) Means of injury
23. Signature D. Edwards (M. D. or other)
Address New Madrid Mo Date signed 1-19-42

(Attached Embalmer's Statement on Reverse Side)

FEB 1 8 1942

RECEIVED
District Health Office No. 2,
District File Number 2-42-199
Date Filed 2-10-42

APR 14 1942

FEB 19 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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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, above space should be left blank.