

Primary Registration District No. 4153

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

1. PLACE OF DEATH:
(a) County DAVIES
(b) City or town LOCK SPRINGS
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DAVIES 31
(c) City or town LOCK SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ROBERT H. HUMPHREYS
3. (b) If veteran, name war ---
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March, day 5th, year 1942 hour 3:45 minute P M.
21. I hereby certify that I attended the deceased from December 28, 1941 to March 5, 1942, that I last saw him alive on March 2, 1942, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May 6, 1870
(Month) (Day) (Year)

Immediate cause of death Apoplexy
Duration 75 min

8. AGE: Years 71 Months 8 Days 29 If less than one day --- hr. --- min.

Due to Arteriosclerosis 5 yrs.

9. Birthplace Grundy County, Missouri
(City, town, or county) (State or foreign country)

Due to 83d

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Farm

PHYSICIAN

MOTHER FATHER
12. Name amburn
13. Birthplace amburn amburn
(City, town, or county) (State or foreign country)
14. Maiden name Red Humphrey
15. Birthplace amburn amburn
(City, town, or county) (State or foreign country)

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

16. (a) Informant Goldie R Cash
(b) Address Lock Springs, Mo.
17. (a) burial (Burial, cremation, or removal) Date thereof 3-7-42
(Month) (Day) (Year)
(c) Place: burial or cremation Lock Springs, 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 James P. ...
(b) Address ...
19. (a) 3-7-1942 (Date received local registrar) (b) L. O. Dickerson (Registry's signature)

While at work (Specify type of place) (e) Means of injury
23. Signature R. W. Humphrey (M. D. or other) Address Jamesport, Mo. Date signed 3/6/42

APR 28 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.....

Myself

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Denton, 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.