. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

039
2
6

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10789

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 197

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 755 W. Elm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 755 W. Elm
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —— 0

039
2
6

3. (a) PRINT FULL NAME Sigle Humble

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mandy Humble

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

7. Birth date of deceased July (Month) 15, (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 83	7	27	hr. min.

9. Birthplace Greene County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business On Farm

FATHER
12. Name Mike Humble
13. Birthplace Unknown (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Carnard
15. Birthplace Unknown (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Mrs. Sigle Humble
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Guinn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 3-16-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature) 4-4-42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1942 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from viewed the body at 755 N. Elm Street - 3-12-42-5 pm
that I last saw him alive on ——, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to No Doctor present at the time of his Expiration

Due to

Other conditions Bad Rupture
(Include pregnancy within 3 months of death)

Major findings:
Of operations ——
Of autopsy ——

92 e

Duration

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

23. Signature S H Boehm, Acting Coroner (M. D. or other)
Address 227 E. Olive St. Springfield, Mo. Date signed 3/13/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield 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.