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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22079

State File No.

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 113

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1223 Henry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 Henry St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Lee T. Humphrey
3. (b) If veteran, name war ✓
3. (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 Mary
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 26th (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	8	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business Wabash R.R.
FATHER
12. Name Edwin Humphrey
13. Birthplace (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name Mary F. Norman
15. Birthplace (City, town, or county) Va (State or foreign country)
16. (a) Informant Mrs. Mary Humphrey
(b) Address Moberly, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo.
19. (a) June 6-1942 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1942 hour 10 minute 30 P.M.
21. I hereby ~~certify~~ that I attended the deceased from May 28th, 1942 to June 4th, 1942 that I last saw him alive on June 3rd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 7 days
Due to Hardened Arteries
Due to
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy no

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 N. R. Megee (M.D. or other)
Address Moberly, Mo. Date signed 6/6/42

1036 (Licensed Embalmer's Statement on Reverse Side)

JUN 29 1966

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. Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.