

MAR 15 1943

State File No. \_\_\_\_\_

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Canton Canton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Canton  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

56  
0

3. (a) PRINT FULL NAME Robert Alexander Humphrey

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

4. Sex Male 5. Color or Face White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maude A. Parsons 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 9 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>26</u>	hr. _____ min.

9. Birthplace Lewis Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name William Thomas Humphrey  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Rodier  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs F. D. Kreuger  
(b) Address Canton, Mo.

17. (a) Removal (b) Date thereof Feb. 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Earl J. Buckley  
(b) Address Canton, Mo.

19. (a) 2-8-43 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6  
year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 4,  
1943 to Feb. 6, 1943  
that I last saw him alive on Feb. 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Angina Pectoris 9 yrs.  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9401

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 P. W. Jennings (M. D. or other) 2/7/43  
Address Canton, Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

987

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1947

RECEIVED

District Health Officer No. 10

District File Number 3-43-550

Date Filed MAR 12 1943

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

*Earl A. Buckley*

Licensed Embalmer No. 2615

P. O. Address Canton, 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.