

Registration District No. 164

Primary Registration District No. 2032

1. PLACE OF DEATH:

(a) County... Johnson  
(b) City or town... Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Warrensburg Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... one day  
(Specify whether years, months or days) 9 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Johnson  
(c) City or town... Holden  
(If outside city or town limits, write "RURAL")  
(d) Street No... none  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country... XXXX

3. (a) PRINT FULL NAME MARY FRANCES HUMPHRIES

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

4. Sex female 5. Color or race... cauc 6. (a) Single, widowed, married, divorced... infant

6. (b) Name of husband or wife... XXXX 6. (c) Age of husband or wife if alive... XXXX years

7. Birth date of deceased... October 10 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
no 8 22 hr. min.

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

10. Usual occupation... infant

11. Industry or business... infant

12. Name... Alfred Lee Humphries

13. Birthplace... Chilhowee, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name... Frances Best

15. Birthplace... Jackson County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant... Frances Best Humphries

(b) Address... Holden, Missouri

17. (a) Burial... Holden, Missouri (b) Date thereof... July 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Holden, Missouri

18. (a) Signature of funeral director... Canaday and Ropp

(b) Address... Holden, Missouri

19. (a) July 9, 1943 (b) Leola M. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1943 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from June 30 1943 to July 2 1943 that I last saw her alive on July 2 1943 and that death occurred on the day and hour stated above.

Immediate cause of death... Acute Gastro-Enteritis

Due to...  
Due to...

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

Major findings:  
Of operations...

Of autopsy...

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?

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature... Foyly Paulus (M. D. or other) Address... Holden Mo Date signed... 7/6/43

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

MOTHER FATHER

51  
22

1001

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-7-43

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 *M R Canaday*  
Licensed Embalmer No. 3434  
P. O. Address *Golden 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.