

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27849

State File No.

FILED SEP 9 1943

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ArCADE Apts. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether
In this community Unknown years, months or days)

3. (a) PRINT FULL NAME

HUMPHREY HILL

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 Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased about 1885 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 68 hr. min.

9. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business —

12. Name Unknown
13. Birthplace — (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant Ray Barnett

(b) Address Fayette Missouri

17. (a) Buried (b) Date thereof 8-15-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo.

18. (a) Signature of funeral director Stuart O. Parker

(b) Address Columbia Missouri

19. (a) 8-12-1943 (b) Edna H. Barber (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. ArCADE Apts. 2nd and 3rd St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1943 hour — minute 4 P. M.

21. I hereby certify that I attended the deceased from 8-10-1943 to 8-10-1943

that I last saw him alive on 8-10-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Cerebral Vascular and High Tension

Due to —

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy —

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 W. R. Arthur (M. D. or other) C
Address Columbia Mo Date signed 8-12-1943

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.....

Stuart D. Parker

Licensed Embalmer No.

2900

P. O. Address.....

Columbia 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.