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V. S. No. 2  
50M-5-42  
Rev. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 24 1944

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. ....

1. PLACE OF DEATH

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mineral Springs Hospital  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew 4  
(c) City or town Vandalia, Mo 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 803 W. Island 1  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Charlotte Matilda Humphrey

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1944 hour 9:30 minute P. M.  
21. I hereby certify that I attended the deceased from July 11 1944 to July 13 1944  
that I last saw her alive on July 13 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 12 1944  
(Month) (Day) (Year)

Immediate cause of death MARASMUS  
Due to Fermentative Diarrhea  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 158  
Of operations  
Of autopsy

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
0 1 1 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Sampel Humphrey  
13. Birthplace Vandalia, Mo (City, town, or county) (State or foreign country)  
14. Maiden name Louise Jenkins  
15. Birthplace Jonesburg, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Louise Jenkins Humphrey  
(b) Address Vandalia, Mo

17. (a) Burial (b) Date thereof July 14 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo

18. (a) Signature of funeral director W. S. Waters  
(b) Address Vandalia, Mo

19. (a) 7-14-44 (b) F. C. Haney  
(Date received local registrar) (Registrar's signature)

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 C. E. Johnston (Physician or other)  
Address Louisiana, Mo. Date signed 7/13/44

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

22  
22  
1

1169

RECEIVED

District Health Officer No. 10

District File Number 8-44-1431

Date Filed AUG 11 1944

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**