

FILED FEB 8 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter
(c) City or town Van Buren
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Lee Humphrey

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1946 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from 1-21, 1946 to 1-28, 1946;
that I last saw him alive on 1-28, 1946;
and that death occurred on the date and hour stated above.

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Alice Humphrey 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 15 1870
(Month) (Day) (Year)

Immediate cause of death Pneumonia, lobar, bilateral. Duration Unknown

8. AGE: Years 75 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Greenup Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Bridge Construction

Due to
Due to

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

11. Industry or business

12. Name Richard Humphrey

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings: 108
Of operations
Of autopsy

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

16. (a) Informant Alice Humphrey

(b) Address Van Buren Mo

17. (a) burial (b) Date thereof 1-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren

18. (a) Signature of funeral director Seaton Pewitt
(b) Address Van Buren Mo

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) (c) Means of injury

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

238

12
7
3

23. Signature J. W. Gonzales (M. D. or other)
Address Poplar Bluff, Mo Date signed 1-29-46

RECEIVED
District Health Office No. 2,
District File Number 346-198
Date Filed 2-9-46

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.