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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3643

Registration District No. 275 Primary Registration District No. 5940 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Liberty Twp. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community (years, months or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps 81

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Benjamin Humphrey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 6

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 22 (Day) 1882 (Year)

8. AGE: Years 63 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Asher O. Humphrey
13. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Marcella J Hazel
15. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Chester Humphrey

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Hooker Mo

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg Mo

19. (a) Jan. 19, 1946 (Date received local registrar) (b) Mrs Juanita Harvey (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw him alive on Nov 10 , 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cessation of Respiration & Circulatory failure	2 hours
Due to Passive Congestion of lung	6 days
Due to Bronchial ~~[illegible]~~ Pneumonia	8 days
Other conditions general debility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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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 Richard E. Myers (M. D. or other) D.O.

Address Newburg, Mo. Date signed Jan 18 '46

(Licensed Embalmer's Statement on Reverse Side)

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.....Lee Johnson.....

Licensed Embalmer No.....3392.....

P. O. Address.....Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.