

FILED JUL 9 1946
Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution: ST. FRANCIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 134 S. Pacific
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. Bertha Humphrey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1946 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 11
1946 to June 14 19 46
that I last saw her alive on June 14 19 46
and that death occurred on the date and hour stated above.

4. Sex F race W

5. Color or W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased OCTOBER 6 1858
(Month) (Day) (Year)

Immediate cause of death: Pulmonary embolism

Due to acute chronic myocarditis

Due to _____

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

8. AGE: Years Months Days If less than one day

<u>83</u>	<u>87</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____
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9. Birthplace FAIRVIEW KY. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

12. Name OSCAR DANFORTH

13. Birthplace MISSISSIPPI 1
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH JESOP

15. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)

Major findings: Of operations 930

Of autopsy Hemopericardium & Pulmonary embolism

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. HOMER G. BROWN

(b) Address CAPE GIRARDEAU, MO.

17. (a) REMOVAL (Burial, cremation, or removal)

(b) Date thereof 6-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation DETROIT MICH.

18. (a) Signature of funeral director Walthers Und. Co.

(b) Address Local High School Mo.

19. (a) 6-16-1946 (Date received local registrar)

(b) G. C. Summers (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)

(g) Means of injury _____

23. Signature Edward D. Campbell (M. D. or other)

Address 627 Good Hope St. Date signed 6-14-46

INDEX No. 4
FILE NUMBER 746-2298
Date Filed 7-6-46

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 *Virgil H. Kelch*
Licensed Embalmer No. *4102*
P. O. Address *Cape Girardeau - 1*

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.