S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

21828

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 7 1946

State File No. 22970

Registration District No. 387 Primary Registration District No. 5207 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: 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 ALL Her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town RURAL Bogard Mo.
(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 Poetta Augusta Humphreys

3. (b) If veteran, name war —

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Humphreys

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

7. Birth date of deceased Aug (Month) 2 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	7	..... hr. ..... min.

9. Birthplace Carroll Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business .....

FATHER
12. Name Alfred Rose
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wheeler
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Wooden

(b) Address Bogard, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (Month) (Day) (Year)

(c) Place: burial or cremation Enon

18. (a) Signature of funeral director E. A. Dickerson

(b) Address Bogard Mo.

19. (a) 7-11-46 (Date received local registrar) (b) Mrs Rex Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1946 hour 11 P.M. minute ..... P.M.

21. I hereby certify that I attended the deceased from July 8, 1946, to July 9, 1946; that I last saw her alive on July 9, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARDIAC Failure & Generalized Edema	2 mos.
Due to CARCINOMA OF Uterus -	5 yrs.
Due to	
Other conditions (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 2

23. Signature R. W. Matheny (~~M. D.~~ or other) D.O.

Address Tina Date signed 7/10/46.

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(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 E. A. Dickerson

Licensed Embalmer No. 253 X

P. O. Address Bogard, 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.