S. No. 2
OM—2-43
v. 5-17-39
I X35697

31508

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1946

Registration District No. 7

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32679

Primary Registration District No. 4037

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Foster - Walnut Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William E. Humphrey

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

4. Sex male 0 | 5. Color or race white | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Bell | 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept - 20 1876 (Month) (Day) (Year)

8. AGE: Years 70 | Months 0 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Illinois (City, town, or county) / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Joseph F. Humphrey 9
13. Birthplace no record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name no record 9
15. Birthplace no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Bell Humphrey
(b) Address Foster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 9 - 46 (Month) (Day) (Year)
(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Booth Funeral Home
(b) Address 109 N. High Butler, Mo.

19. (a) Oct 10 1946 (Date received local registrar) (b) Fern H. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th year 1946 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 2nd 1946 to Oct 6th 1946 that I last saw him alive on Oct 5th 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	6 mo
Due to: Arteriosclerosis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92B
Of autopsy None

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 0

23. Signature Wm H. Allen (M. D. ~~or other~~)
Address Humes Mo Date signed 10/22/46

19

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registry Officer No. 7
District File Number 10-46-2041
Date Filed 11-7-46

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.