

No. 2
12-45
17-39
X47070

FILED OCT 28 1946

Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3337 Wyandotte**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **32 Yrs.**
In this community **32 Yrs.**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL.")
(d) Street No. **3337 Wyandotte**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No) **1**
If yes, name country

3. (a) PRINT FULL NAME **MELVIN H. HUMPHREY**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **495 03 2284**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Humphrey** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Oct 27 1899** **1890**
(Month) (Day) (Year)

8. AGE: Years **55** ~~56~~ Months **11** Days **16** If less than one day hr. min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **With Kansas City Power & Light Co**

11. Industry or business **Light Co**

MOTHER FATHER

12. Name **Henry Humphrey**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Ann Humphrey**

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

16. (a) Informant **Emma Humphrey**

(b) Address **3337 Wyandotte**

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

(c) Place: burial or cremation **Elmwood Cem.**

18. (a) Signature of funeral director **Mrs C.L. Forster**

(b) Address **918 Brooklyn**

19. (a) **10-15-46** (b) **M. E. Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13**
year **1946** hour **9** minute **35 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Deputy Coroner** Duration _____

Acute Coronary Insufficiency

Due to **Coronary Sclerosis**

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: **9.3 d**
Of operations _____

Of autopsy **See Above**

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? _____

While at work _____ (Specify type of place) (Means of injury)

23. Signature **A. E. Oscher** (M. D. or Public Health Officer) **M. E.**

Address **28001 Main** Date **10/15/46**

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

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. H. Nise

Licensed Embalmer No.....

25-70

P. O. Address.....

160 me

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.