. S. No. 2
0M—5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37803

Registration District No. 241 | Primary Registration District No. 4360 | Registrar's No. 33

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Portageville, Missouri
(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: 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid
(c) City or town: Portageville, 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: Lelar Humphrey
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Columbus Humphrey
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) (Day) (Year)
8. AGE: Years: 43 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace (City, town, or county) / Miss. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: /
MOTHER FATHER
12. Name: Henry Smith
13. Birthplace (City, town, or county): Unknown / Miss (State or foreign country)
14. Maiden name: Lelar Walker
15. Birthplace (City, town, or county): Unknown / Miss (State or foreign country)
16. (a) Informant: Columbus Humphrey
(b) Address: Portageville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville
18. (a) Signature of funeral director: DeLisle Funeral Parlor
(b) Address: Portageville, Mo.
19. (a) Sep 19 1946 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 14 year: 1946 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from May 1946, to Sept 13 1946 that I last saw her alive on Sept 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia - acidosis
Due to: Intestinal obstruction
Due to: Carcinoma of left ovary with metastases
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: Carcinoma of left ovary.
Of autopsy: Not done

Duration

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: Paul C. Mullen (M. D. or other)
Address: Box 56 Portageville, Mo Date signed: 9/19/46

(Licensed Embalmer's Statement on Reverse Side)

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

36620

219

RECEIVED
District Health Office No. 2
District File Number 1146-133
Date Filed 11-12-46

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 Leonard J. Fargo

Licensed Embalmer No. 4336

P. O. Address Portageville 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.