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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11019

Primary Registration District No. 1003

Registrar's No. 3640

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stone Nursing Home 4
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton
(If outside city or town limits, write "RURAL") NR 1

(d) Street No. 2202 Oak Street
(If rural, give location) 2

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Ben Franklin Humphrey

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Laura Gass 3/14/97

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Jan. 20, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	2	15	hr. min.

9. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Agriculture

FATHER
12. Name Benjamin F. Humphrey
13. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Mary Goodwin
15. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Mrs. H. H. Ramel,
(b) Address 524 Purdue Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Grundy Center, Mo.

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane

19. (a) APR 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from March 20, 1947, to April 5, 1947; that I last saw him alive on April 5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	Years
Due to	Months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No autopsy

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 W. R. Brown (M. D. or Coroner)
Address 3903 Wall Bldg. Date signed 4/5/47

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.