

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Rural Dayton
(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 _____)
 In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton 73
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 9 miles S.E. of Seneca
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No) _____
 If yes, name country _____

3. (a) PRINT FULL NAME Emery Mitchell Humphrey
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 9 year 1947 hour 11 minute 00 P. M.
 I hereby certify that I attended the deceased from May 1 1947 to May 9 1947
 that I last saw the alive on May 9 1947
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Mar
 6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased: April 9 1865
(Month) (Day) (Year)

Immediate cause of death apoplexy
hypertension
hypertensive nephritis
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 82 Months 1 Days 0 If less than one day _____ hr. _____ min.
 9. Birthplace Miller Co. Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

21. 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) (e) Means of injury _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Peter Humphrey 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Myrtle Humphrey
 (b) Address Heald, Rte #4
 17. (a) Burial (b) Date thereof May 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial New Salem
 18. (a) Signature of funeral director W. E. Biddlecome
 (b) Address Seneca, Mo.
 19. (a) May 12, '47 (b) Mrs. Nettie Norris
(Date received local registrar) (Registrar's signature) 926

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) (e) Means of injury _____
 23. Signature P. B. Duvall (M. D. or other) _____
 Address Seneca, Mo. Date signed 5-11-47

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

13
0
0

RECEIVED

District Health Officer No. *Newton*

District File Number *547-105*

Date Filed *5-20-47*

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 *W. E. Biddlecome*

Licensed Embalmer No. *2174*

P. O. Address. *Seneca MD*

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.