

FILED MAY 19 1947

Registration District No. 250

Primary Registration District No. 5-967

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Weston *Weston*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether years, months or days)

In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

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

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Emily Lee Humes

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife William Humes 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: September 10 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name H. R. Caldwell

13. Birthplace Anderson Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Howard

15. Birthplace Anderson Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant William Humes

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof April 27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Bethel Cem.

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Mo.

19. (a) April 29-47 (b) Mrs. Ophelia Rollins
(Date received local registrar) (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1947 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Aug - 1945
19 April - 25 19 47
that I last saw her alive on April - 25 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage & Shock Duration 24 hrs

Due to Co. Cervix - over 2 yrs

Due to 448

Other conditions Hydro Nephrosis 26
(Include pregnancy within 3 months of death)

Major findings: Cervical biopsy showed - Squamous cell Ca.

Of operations

Of 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) (e) Means of injury 0

23. Signature Richard Amy... (M. D. or other) MD

Address Leavenworth Kan Date signed 27 April 1947

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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. R. Jaugh

Licensed Embalmer No. 4023

P. O. Address Winston, 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.