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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21630

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 254

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

1. PLACE OF DEATH:

(a) County MARION

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

(c) Name of hospital or institution: LEVERING Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 30 DAY LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

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

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

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

3. (a) PRINT FULL NAME HENRIETTA UMPHENOUR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1947 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from May-1 to July 4, 1947
that I last saw her alive on July 30, 1947
and that death occurred on the date and hour stated above.

4. Sex F | 5. Color or race W

6. (a) Single-widowed, married, divorced WIDOWED

6. (b) Name of husband or wife BENJAMIN UMPHENOUR alive _____ years

6. (c) Age of husband or wife if 24 years

7. Birth date of deceased AUG 24 1858
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 2 mo

Due to Cerebral Arteriosclerosis

Due to Senility

Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years 88 Months 10 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Ralls Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations None

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

12. Name ANCON BRAMBLET

13. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)

14. Maiden name MISSOURI EPPERSON

15. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)

16. (a) Informant NEAL EVANS

(b) Address OAKWOOD Mo.

17. (a) BURIAL (b) Date thereof July 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo

18. (a) Signature of funeral director Frankford, Mo

(b) Address Frankford, Mo

19. (a) 7-7-47 (b) W. E. M. Lucke
(Data received local registrar) (Registrar's signature)

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 W. E. M. Lucke (M. D. or License) _____
Address Frankford, Mo. Date signed 7-7-47

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..... *Jose Jesus Negron*

Licensed Embalmer No..... *4092*

P. O. Address..... *Frankford, 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.