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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27134

State File No. \_\_\_\_\_

FILED AUG 28 1947

Registration District No. 77

Primary Registration District No. 5287

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural-Fishing River  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1 Mile So of Excelsior Springs Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  
All His Life (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Minter Humbert

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elsa Humbard

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov 27 1893  
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Excelsior Springs Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Comon Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Humbard

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

14. Maiden name Mary E. Williams

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

16. (a) Informant Mrs Anna E. Kimberlin

(b) Address Excelsior Springs Mo

17. (c) Burial (b) Date thereof 8 - 11 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Chas V. Hope

(b) Address Excelsior Springs Mo

19. (a) 8/12/47 (b) Baroline Hutchings  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. 1 Mile So of Excelsior Spgs Mo  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9  
year 1947 hour 8:00 minute 9 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Gun shot Self inflicted Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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) Suicide

(b) Date of occurrence 8-9-1947

(c) Where did injury occur? 1 mi So of Excelsior Spgs Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home on farm  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury P.W. Leather crown

23. Signature P.W. Leather (M. D. or other) \_\_\_\_\_

Address Excelsior Springs Mo Date signed 8-11-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-27-47

OCT 28 1947

AUG 29 1947

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 J. A. Moles.....

Licensed Embalmer No. 3296.....

P. O. Address Epelsior Springs 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.