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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 7 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27743

Registrar's No. 3080

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 104 W. LINWOOD BLVD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 104 W. LINWOOD BLVD. 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ..... --

3. (a) PRINT FULL NAME MATTIE BELL HUMPHREYS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband ~~or wife~~ MR. WALTER BUSHART HUMPHREYS
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased JULY (Month) 4 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	0	16	..... hr. ..... min.

9. Birthplace CLAY CO. MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business AT HOME
FATHER
12. Name PERRY CUZICK
13. Birthplace UNKNOWN INDIANA
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ANNA MURPHY
15. Birthplace DELAWARE CO INDIANA
(City, town, or county) (State or foreign country)
16. (a) Informant Geneva Phillips
(b) Address 104 W Linwood Blvd
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/22/47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. WASHINGTON CEM
18. (a) Signature of funeral director D. H. Neuromer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 7-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 20TH
year 1947 hour 4 minute 31 A. M.

21. I hereby certify that I attended the deceased from June 16, 1947, to July 20, 1947
that I last saw her alive on July 20, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Acute Edema of the Lungs	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	
Major findings: Hypertension	
Of operations	
Of autopsy 108	

PHYSICIAN

Underline the cause of 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
23. Signature Dr. R. L. DeSoto (M. D. or other) D.O.
Address 2301 Summit Date signed July 21, 1947

Jefferson City Printing Co. (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 D. P. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City

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.