

Registration District No. **275** Primary Registration District No. **3053**

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

**1. PLACE OF DEATH:**  
 (a) County Phelps  
 (b) City or town Rolla  
 (c) Name of hospital or institution: Highway 66 West  
 (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 Phelps  
 (c) City or town Rolla  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Highway 66 West  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** HOMER J. HUMPHREY

**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** 499-24-3768

**4. Sex** Male **5. Color or race** Wh.  
**6. (a) Single, widowed, married, divorced** Single

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** May 2 1927  
 (Month) (Day) (Year)

**8. AGE:** Years 20 Months 5 Days 29  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Phelps Co., Mo.  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Laborer

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

**12. Name** Peter Humphrey

**13. Birthplace** Miller Co., Mo.  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Mirtie Mitchell

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

**16. (a) Informant** Peter Humphrey

**(b) Address** Hiway 66 West

**17. (a) Burial** Burial **(b) Date thereof** Nov. 3, 47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Roach Cemetery

**18. (a) Signature of funeral director** Null and Sons F.H.  
**(b) Address** Rolla, Mo.

**19. (a) 11-6-47** **(b) Nadine L. Stoll**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov. day 1  
 year 1947 hour 12 minute 45 A M.

**21. I hereby certify that I attended the deceased from** Oct 14  
 \_\_\_\_\_, 1947, to Nov 1, 1947;  
 that I last saw him alive on Oct 31, 1947  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Typhoid fever  
**Duration** 2 wks

**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)** \_\_\_\_\_

**(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)** \_\_\_\_\_  
**(c) Means of injury** \_\_\_\_\_

**23. Signature** [Signature] **(M. D. or other)** \_\_\_\_\_  
**Address** Rolla Mo **Date signed** 11/3/47

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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 Paul E. V. Murrell, Registered Apprentice No. 428, working under my personal supervision.

Signed Paul E. V. Murrell

Licensed Embalmer No. 23294

P. O. Address Roller 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.**