S. No. 2
DM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1947

Registration District No. 2224

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 38972

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: 0
Latham Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (2) two days (Specify whether years, months or days)

In this community (3) three days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Oria, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Trussie Emmett Humphreys

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Susie E. Humphreys

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November (Month) 19 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
57	10	17	— hr. — min.

9. Birthplace Laclede County (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Thomas Humphreys
13. Birthplace West Virginia (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Jennie Eads
15. Birthplace Wright County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Susie E. Humphreys

(b) Address Oria, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation McBride Cemetery Oria, Mo.

18. (a) Signature of funeral director

(b) Address Oria Mo.

19. (a) 11-9-47 (Date received local registrar) (b) E. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 31 1947, to Oct 6 1947, that I last saw him alive on Oct 6 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bleeding ulcer. (Hemorrhage)	about 3 mo.
Due to	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation

Of autopsy No 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)

While at work? (e) Means of injury 0

23. Signature L. L. Latham (M. D. or other)

Address California Mo. Date signed 10-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 11-17-47

MAR 14 1957

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 James W. Wair, Registered Apprentice No. 98, working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.