S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

44277

State File No. .....

Registration District No. 133 Primary Registration District No. 4206 Registrar's No. 105

1. PLACE OF DEATH:

(a) County Harrison County

(b) City or town New Hampton Whiteoak Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home in New Hampton East part 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Three years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town New Hampton 0
(If outside city or town limits, write "RURAL")

(d) Street No. East part of New Hampton 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Dorsey Joseph Humphrey

3. (b) If veteran, name war .....

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

4. Sex M C

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Laura E Humphrey

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept (Month) 24 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	13	..... hr. ..... min.

9. Birthplace Spotsylvania County (City, town, or county) Virginia 1 (State or foreign country)

10. Usual occupation Switeswice Engineer

11. Industry or business .....

FATHER
12. Name James Humphrey
13. Birthplace ..... (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Monroe
15. Birthplace ..... (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Laura Humphrey
(b) Address New Hampton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Endrickesburg Virginia

18. (a) Signature of funeral director W. G. Noble
(b) Address New Hampton

19. (a) 12/5/47 (Date received local registrar) (b) Zola Burris (Registrar's signature) 116

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1947 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from May 17, 1947, to Nov 7, 1947
that I last saw him alive on Nov 7, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Myocarditis	10 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 93D

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) D
While at work? ..... (e) Means of injury .....

23. Signature R. L. Grun (M. D. or other) DO
Address New Hampton, Mo Date signed 11-8-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

JAN 19 1948

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 me, Registered Apprentice No. , working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.