

No. 300
-10-47
5-17-39
WI 3906

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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 **RESEARCH HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 DAYS**
(Specify whether years, months or days)

In this community **73 YEARS**

3: (a) PRINT FULL NAME **MR. WALTER S. HUMPHREY**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MRS. CAROLYN M. HUMPHREY**

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

7. Birth date of deceased **MAY 6 1868**
(Month) (Day) (Year)

8. AGE: Years **80** Months **0** Days **16**
If less than one day hr. min.

9. Birthplace **CLEVELAND OHIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business

12. Name **HENRY HUMPHREY**

13. Birthplace **UNKNOWN OHIO**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN CARR**

15. Birthplace **UNKNOWN OHIO**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. ETHEL W. JOHNSON**

(b) Address **1719 EAST-75TH STREET**

17. (a) **CREMATION** (b) Date thereof **MAY-24-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. NEWCOMERS SONS**

18. (a) Signature of funeral director **D.W. Newcomers Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **5-24-48** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **1719 EAST-75TH STREET**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **22** NO
year **1948** hour **6** minute **46 A.M.**

21. I hereby certify that I attended the deceased from **5-1-48** to **5-22-48**, 19**48**
that I last saw **him** alive on **5-22-48** and that death occurred on the date and hour stated above.

Immediate cause of death: **#1. Multiple abscesses of liver (B.Coli) 3 mths**
#2. Phlebotosis of Portal Vein 3 mths

Due to

Other conditions (Include pregnancy within 3 months of death) **12.5 h**

Major findings: Of operations

Of autopsy **see #1 + #2**

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) (e) Means of injury **0**

23. Signature **H. J. Moore** (M. D. or other) **0**
Address **1512 Prof. Bldg.** Date signed **5/24/48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1512 O regisstrum
1-5-

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.