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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 272

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20487
Registrar's No. 26

Primary Registration District No. 443

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

1. PLACE OF DEATH:

(a) County Randolph
(b) - City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3: (a) PRINT FULL NAME George Humphrey
3: (b) If veteran, name war _____ 3: (c) Social Security No. _____

4. Sex male 5. Color or race negro
6: (a) Single, widowed, married, divorced widowed
6: (b) Name of husband or wife _____ 6: (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation general laborer

11. Industry or business _____
12. Name William Humphrey
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Dameron
15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Sam Humphrey
(b) Address Huntsville, Missouri
17. (a) burial (b) Date thereof 7/9/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri
18. (a) Signature of funeral director Sutton & Sons
(b) Address Huntsville, Mo.

19. (a) 7/10/1948 (b) Miss. D. H. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 6:30 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from June 10, 1948, to July 5, 1948
that I last saw him alive on July 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
Due to arterio-sclerosis
Other conditions central hemorrhage
(Include pregnancy within 3 months of death)

Duration 1 mo
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations none
Of autopsy none

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 _____
23. Signature Dr. Dreyer (M. D. or other MD)
Address Huntsville Mo Date signed 7/9/48

RECEIVED
District Health Officer No. 10
District File Number 7-48-121
JUL 13 1949

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Ala.

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.