

FILED JUL 21 1948

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 231

1. PLACE OF DEATH

(a) County: BUTLER
 (b) City or town: Peopla Blueff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lucy Lee Hosp. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 3 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME

LESTER HUMPHREY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: MO 5. Color or race: W 6. (a) Single, widowed, married, divorced: 0

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

7. Birth date of deceased: UNKNOWN
(Month) (Day) (Year)

8. AGE: Years 48 Months Days If less than one day hr. min.

9. Birthplace: Miss
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

MOTHER FATHER

12. Name: Athen Humphrey

13. Birthplace: Miss
(City, town, or county) (State or foreign country)

14. Maiden name: ETTA BURK

15. Birthplace: ALA.
(City, town, or county) (State or foreign country)

16. (a) Informant: Jess Humphrey

(b) Address: PEACH OACHMAN ARK.

17. (a) Burial (b) Date thereof: 4 16 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: PEACH OACHMAN ARK.

18. (a) Signature of funeral director: C. P. Selman

(b) Address: COALING ARK.

19. (a) 7-15-48 (b) P. D. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: ARK (b) County: Chay 999
 (c) City or town: PEACH OACHMAN 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
 year 1948 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from April 10
 1948 to April 14, 1948

that I last saw him alive on April 14, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: meningitis Duration

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: 8 IN

ADDITIONAL PHYSICIAN SUPPLEMENTARY INFORMATION should be requested if the cause of 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) Means of injury

23. Signature: [Signature] (M. D. or other) M.D.

Address: Peopla Blueff Registrar signed

RECEIVED

District Health Office No.

District File Number 748-

Date Filed 7-19-

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..... *C. P. Lehman*

Licensed Embalmer No. 783 (Ark)

P. O. Address..... *Corning, Ark*

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.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 2311

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Maple Bluff
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Lester Humphrey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years 48 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Simple meningitis
Originating from
acute respiratory
condition

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) (e) Means of injury _____

23. Signature Wm. S. ... (M. D. or other) _____ Address Maple Bluff Mo Date signed 7-30-48

SUPPLEMENTARY

MOTHER FATHER

S-22320