V.S. No. 300
Rev. 10.48

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

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40875

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portageville
c. LENGTH OF STAY (in this place) 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portageville
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) a. (First) Columbus b. (Middle) — c. (Last) Humphrey

4. DATE OF DEATH (Month) Dec (Day) 25 (Year) 1948

5. SEX M
6. COLOR OR RACE Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH (Month, Day, Year) About 1903
9. AGE (In years last birthday) 45 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) don't know 999
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME don't Know
13b. MOTHER'S MAIDEN NAME don't Know
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 497-09-5385
17. INFORMANT'S SIGNATURE OR NAME C.C. Fuller ADDRESS Portageville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot with pistol in front
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Part of Neck Jay
DUE TO (c) Cut the Carotid artery
into.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1106

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Portageville New Madrid Mo.
21d. TIME OF INJURY (Month) Dec (Day) 25 (Year) 1948 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot with gun

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE L. S. Hedgpeth (Degree or title) Coroner.
23b. ADDRESS New Madrid Mo.
23c. DATE SIGNED 12-27-48

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-28-48
24c. NAME OF CEMETERY OR CREMATORY Portageville Colored
24d. LOCATION (City, town, or county) Portageville (State) Mo

DATE REC'D BY LOCAL REG. 12-27-48
REGISTRAR'S SIGNATURE Ellen DeLude 219
25. FUNERAL DIRECTOR'S SIGNATURE DeLude Funeral Parlor ADDRESS Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 149-30
Date Filed 1-7-49

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed L. B. Hedgpeth
Licensed Embalmer No. 3803
P. O. Address New Madrid 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.