

FILED JAN 13 1949

State File No. _____

Registration District No. 360Primary Registration District No. 3076Registrar's No. 8

1. PLACE OF DEATH:

(a) County Wesmoreland
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At home
 (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

Sophronia R. Humbert
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 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 July 31 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 5 hr. min.

9. Birthplace Rolla N. Carolina
 (City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business

12. Name Linden Powell

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

14. Maiden name Elenor M. Miller

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

16. (a) Informant Mary K. Fulton

(b) Address Dorington, Virginia

17. (a) Burial (b) Date thereof 11-7-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtonburg Park

18. (a) Signature of funeral director Allen J. Hays

(b) Address Nevada, Mo.

19. (a) 1-10-48 (b) W. H. Hays
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Verdon
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. 600 W. Allison St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov # 4 day
 year 48 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from Nov
4, 1948, to Nov 4, 1948
 that I last saw her alive on Nov 4, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Myocarditis + Hypertension several years

Due to Edema

Other conditions Advanced Age
 (Include pregnancy within 3 months of death)

Major findings: 93D

Of operations ✓

Of autopsy ✓

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 W. H. Hays (M. D. or other) MD

Address Nevada, Mo. Date signed 11/4/48

RECEIVED

District Health Officer No. 7

District File Number 12-48-160

Date Filed 1-12-49

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.....

Bert B. Bennett, Registered Apprentice No. 83
working under my personal supervision.

Signed

Allen J. Kaye

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.