

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13410

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 180

480

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City RR#3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City R.R.# 3	
c. LENGTH OF STAY (In this place) 7 years		0 460	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 North Huttig		d. STREET ADDRESS (If rural, give location) 213 North Huttig	
3. NAME OF DECEASED (Type or Print) a. (First) VERNA NAMOIA b. (Middle) NAMOIMA c. (Last) HUMPHREYS		4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH No Information
9. AGE (In years last birthday) 75		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) -----		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) Humphreys, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elisha Humphreys		13b. MOTHER'S MAIDEN NAME Mary Ann Dobbins	
14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mary V. Crookshank		ADDRESS RR#3 K.C.Mo	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) renal insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from February 19 50 , to April 8, 1950 , that I last saw the deceased alive on April 8, 1950 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James H. Sperry		23b. ADDRESS P.O. 21037 Independence Ave	
23c. DATE SIGNED 4/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-8-50	
24c. NAME OF CEMETERY OR CREMATORY Gault		24d. LOCATION (City, town, or county) (State) Missouri	
DATE REC'D BY LOCAL REG. Apr. 8-1950		REGISTRAR'S SIGNATURE [Signature] 354	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster		ADDRESS K.C.Mo.	

APR 19 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe B. Yoder

Signed.....

Student Embalmer

Licensed Embalmer No.....

4173

P. O. Address.....

K.C. 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.