

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33557
Registrar's No. 4305

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4305

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>3340 Virginia 35th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital.</u>			
3. NAME OF DECEASED a. (First) <u>William</u> (Type or Print)		b. (Middle) <u>S.</u>	
		c. (Last) <u>Humphrey</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-21-1904</u>	
9. AGE (In years last birthday) <u>46</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 10 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PATROLMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Police Dept.</u>	
11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Thomas R. Humphrey</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Cain</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy Humphrey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Humphrey</u>		ADDRESS <u>3340 Virginia</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2041</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>8/10</u> , 19 <u>50</u> , to <u>10/10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/10</u> , 19 <u>50</u> , and that death occurred at <u>2:30</u> A. M., from the causes and on the date stated above.			
23a. SIGNATURE <u>Morris Statland M.D.</u>		23b. ADDRESS <u>1406 Bryant Bldg.</u>	
23c. DATE SIGNED <u>10/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/12/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-11-50</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Robin</u>		ADDRESS <u>20 W. Linwood</u>	

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

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 Forrest D. Coldman

Signed.....
Student Embalmer

Licensed Embalmer No. 4214

P. O. Address Kansas City, 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.