

REC'D JUL 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH22699
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 562
 (b) Township Richwoods Primary Registration District No. 5757
 (c) City Hanover, RI (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. 450 Sarah Slone St. Hanover, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OR (OR) WIFE OF John Slone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 3 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) Iberia (STATE OR COUNTRY) Mo13. NAME Wilbert Humphrey14. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) RI15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____17. INFORMANT Mrs. Dempsey Humphrey (ADDRESS) Hanover, Mo., RI18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 6/6/3919. FUNERAL DIRECTOR (NAME) Ch. Baker (ADDRESS) Iberia, Mo.20. FILED July 8, 1939 Mrs. Watson Dwyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/39

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to 6/4, 1939
 Last saw her alive on 5-24, 1939. Death is said to have occurred on the date stated above, at 10P m.
 The principal cause of death and related causes of importance were as follows:

Gall Stones Date of onset _____

Other contributory causes of importance: 126

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. W. Duncan, M. D.40% (Address) Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Miller County Health Dep't.

County File Number. 39-83

Date Filed 7-10-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.