

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2028

State File No.

FILED FEB 16 1942

Registration District No. 201

Primary Registration District No. 3012

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
343 N. Gallatin St., Liberty, Mo.
(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 Sylvia Humphery

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F. 3 5. Color or race Black 6. (a) Single, widowed, married, Divorced
6. (b) Name of husband or wife Riley Humphery 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 28, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 1 15 hr. min.

9. Birthplace Kalamazoo Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Laura Boll Neal

(b) Address Liberty, Missouri

17. (a) Burial (b) Date thereof Jan 15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address Liberty, Missouri

19. (a) Jan 16-42 (b) Helin Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 343 N. Gallatin
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1942 hour 11 minute 15 P.

21. I hereby certify that I attended the deceased from June 1941 to Jan 13, 1942
that I last saw her alive on about Dec 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis
5-6 years

Due to Cerebral thrombosis 4 yrs ago

Due to Nephritis in recent months Cardiovascular

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 a

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. J. Goodson (M. D. or other)
Address Liberty, Mo. Date signed 1/17/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-12-42

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

J. Gardner Jr.

Licensed Embalmer No.

3934

P. O. Address

Liberty 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.