

FILED JUL 9 1943
Registration District No. 137

Primary Registration District No. 5520

State File No. _____
Registrar's No. 130

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Windsor Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R # 3, Windsor
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Cleveland Humphrey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal Elgin Humphrey 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased February 10 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49	4	3	hr. min.
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9. Birthplace Rich Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name Joseph Humphrey

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

14. Maiden name Anna Agnew

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

16. (a) Informant Mrs. Howard Newbill

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) June 30, 1943 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 11:50 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 1, 1943 to June 12, 1943
that I last saw him alive on June 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of stomach Duration _____

Due to Gastric ulcer

Due to _____

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

PHYSICIAN

Major findings: Good address

Of operations _____

Of autopsy none

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 _____

23. Signature J. A. Blackmore (M. D. or other) _____

Address Windsor, Mo. Date signed 6-16-43

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

MOTHER FATHER

42
00

10/19

RECEIVED

District Health Officer No. 7,

District File Number 6-43-647

Date Filed 7-8-43

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.....

..... Not embalmed, 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, fact should be so stated above.