

REC'D OCT 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32171
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
 (b) Township Fishing River Primary Registration District No. 34
 (c) City Excelsior Springs (d) Street No. Veterans Administration Facility Registered No. 119
 (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 0 yrs. 0 mos. 4 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HUMPHREY, Edward E.
 (a) Residence, No. Union Star, Mo. St. Union Star, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1939, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Humphrey

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1939 to Sept. 13, 1939, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1896
 7. AGE YEARS 43 MONTHS 11 DAYS 25 If LESS than 1 day, hrs. or min.

I last saw h. in alive on Sept. 13, 1939, 19. Death is said to have occurred on the date stated above, at 5:25 m. a.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) --- 11. Total time (years) spent in this occupation ---

Diabetes insipidus Date of onset ---
Pulmonary edema
cerebral edema
 Other contributory causes of importance:
 Name of operation none Date of ---
 What test confirmed diagnosis? --- Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) Helena, Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Robert Humphrey 1

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Ethel VanMeter

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE 9-13-39 19

19. FUNERAL DIRECTOR (NAME) Lucille M. Wilson (ADDRESS) King City, Mo.

20. FILED Sept 15 1939 Missouri Local Registrar. 181

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 John E. Kelly
 (Signed) JOHN E. KELLY, M. D., Manager, M. D.
Veterans Administration Facility
Excelsior Springs, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
10/2/39
Filed
District File Number

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 do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.