

S. No. 2
FORM-2-43
Rev. 5-17-39
X35497

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25289

FILED AUG 10 1945
Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 105

108
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
State Hospital No. 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 YRS. 5 MOS. 6 DS
(Specify whether years, months or days)

In this community Same Time
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 108

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

(d) Street No. 2122 Salem Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CORDELL HUMPHREYS

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased April 25, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>67</u>	<u>2</u>	<u>10</u> hr. _____ min.

9. Birthplace Lebanon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Promoter

11. Industry or business _____

MOTHER FATHER {

12. Name Henry Cordell Humphreys

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Higgins

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

16. (a) Informant Hospital Records

(b) Address Nevada, Missouri

17. (a) Removal (b) Date thereof 7-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Missouri

18. (a) Signature of funeral director Webb City Und. Co.

(b) Address Webb City, Missouri

19. (a) 7-19-45 (b) Hazel B. Beureck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1945 hour 12:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cancer. Jury found that death due to unknown Cause.

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy yes

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 State Hospital #3

(c) Where did injury occur? State Hospital #3
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, industrial place, in public place? _____

While at work? (Specify type of place)

(e) Means of injury

23. Signature Marshall C. King (M. D. or other) Coroner

Address Nevada, Mo. Date signed 7-19-45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-45-761
Date Filed 8-9-45

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 myself

..... Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.