S. No. 2
M—5-43
r. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23657

FILED JUL 16 1946

Registration District No. 99 Primary Registration District No. 1002 Registrar's No. 2948

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1525 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willa Belle Humphrey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Rev. S.D. Humphrey

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October (Month) 10, (Day) 1893 (Year)

8. AGE: Years 52 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Cunningham
13. Birthplace Hollis Springs (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Theresa Bolds
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Rev. S.D. Humphrey (Husband)
(b) Address 1525 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Avenue

19. (a) 7-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1946 hour 12: minute 45 P. M.

21. I hereby certify that I attended the deceased from June 26, 1946, to July 2, 1946, that I last saw her alive on July 2, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive type Heart Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address General Hospital No. 2 Date signed 7/3/46

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.