

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

29447

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 91

FILED OCT 7 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6012

2006  
28284  
WRITER ONLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Andrew  
 (b) City or town Union Star (Rural) Empire  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 66 yrs. (years, months or days)

3. (a) PRINT FULL NAME Mary Ethel Humphrey  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Robert W. Humphrey</u>		6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased <u>April 6, 1876</u> (Month) (Day) (Year)		

8. AGE:	Years <u>70</u>	Months <u>5</u>	Days <u>16</u>	If less than one day <u>1</u> hr. _____ min.
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9. Birthplace Union Star, Mo (City, town, or county) Mo (State or foreign country)  
 10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name James M. Vanmeter  
 13. Birthplace Ohio (City, town, or county) (State or foreign country)  
 14. Maiden name Charlotte Couber  
 15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Arthur P. Humphrey  
 (b) Address Union Star Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.  
 18. (a) Signature of funeral director Luile M. Weber  
 (b) Address King City, Mo.  
 19. (a) 9-26-46 (Date received local registrar) (b) A. William Sparks (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew  
 (c) City or town Union Star, Mo. Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4 1/2 miles West of Union Star, Mo.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22  
 year 1946 hour 11 minute 10 a.m.  
 21. I hereby certify that I attended the deceased from Sept 19  
1, 1946 to Sept 22, 1946  
 that I last saw her alive on Sept 22, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Arterio Sclerous

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_  
 Of operations §3A  
 Of autopsy \_\_\_\_\_

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 6  
 23. Signature E. M. Reynolds (M. D. or other) \_\_\_\_\_  
 Address Union Star Mo Date of issue Sept 23-46

DISTRICT CLERK'S OFFICE  
Cameron, Mo.

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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 Lucile M. Wilson  
Licensed Embalmer No. 2830  
P. O. Address King 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.