

Registration District No. 504

Primary Registration District No. 4307

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Purdin
(If outside city or town limits, write "RURAL" and number of township)
(c) Name of hospital or institution: XXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX
(Specify whether
In this community XXXXXXXX
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Purdin
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXXXXXXX
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXXXXX years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mattie M. Bumgarner

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

20. DATE OF DEATH: Month October day 31
year 1940 hour 2 minute 05 a. M.

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

21. I hereby certify that I attended the deceased from February 16, 1927, to October 2, 1940
that I last saw her alive on October 2, 1940
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10, 1863
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years 77 Months 0 Days 21 If less than one day _____ hr. _____ min.

Cerebral Hemorrhage

9. Birthplace XXXXXX Indiana
(City, town, or county) (State or foreign country)

Due to Chronic Arterial Hypertension

10. Usual occupation Housewife

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

11. Industry or business XXXXXXXXXX

Major findings: Of operations _____

12. Name Thomas Davis

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

Of autopsy _____

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

22. If death was due to external causes, fill in the following:

16. (a) Informant's own signature Mrs. Geo Pulliam

(b) Address Purdin, Missouri

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 11/2/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? 453

(c) Place: burial or cremation Grantsville Cemetery

While at work? _____ (e) Means of injury 3

18. (a) Signature of funeral director Thorne Undertaking Co.

(b) Address Linnes, Missouri

23. Signature Lilliant H. Roy (XXXXXX) 0

19. (a) Nov-8-40 (b) W C Dryden
(Date received local registrar) (Registrar's signature)

Address Purdin, Missouri Date signed 11/1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 2 1943

DEC 1 1941

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..... *David A. Taylor*

Licensed Embalmer No..... 3761

P. O. Address..... Linneus, Missouri

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, above space should be left blank.