

REGISTRATION DISTRICT OF THE CENSUS  
**FILLED NOV 13 1941**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34018**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3958**

48  
38

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

**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:  
3611 Garfield Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 31 Years / (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mrs Margaret BUMPUS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W.T. Bumpus

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 5th 1891  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>50</u>	<u>8</u>	<u>18</u>	hr. _____ min.

9. Birthplace Horton Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

**MOTHER, FATHER**

12. Name Michael Flarity

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

14. Maiden name Catherine Purcell

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

16. (a) Informant W. T. Bumpus

(b) Address 3611 Garfield Ave

17. (a) Burial (b) Date thereof 10-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 10/24/41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson **048**

(c) City or town Kansas City Missouri  
(If outside city or town limits write "RURAL")

(d) Street No. 3611 Garfield Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 23  
year 1941 hour 3 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 13  
1941, to Oct 23 1941;

that I last saw her alive on Oct 23 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized carcinomatous **7 mo**  
**Duration**

Due to Ca of left breast **1 yr**

Due to 50

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

Major findings:  
Of operations Ca Left Breast

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? \_\_\_\_\_

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

23. Signature Leis W. Shulbury (M. D. or other) D

Address Playa Med Bldg Date signed 10-24-41

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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.....

Licensed Embalmer No.....  
*2995*

P. O. Address.....  
*KC*

**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.**