No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37853

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1046

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks (Specify whether years, months or days)
In this community 8 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38
(c) City or town Gentry Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME William R. Bumgarner

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex M U 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Mrs Concurrance Bumgarner 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug (Month) 5 (Day) 1876 (Year)

8. AGE: Years 65 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Wayne Co (City, town, or county) / Iowa (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

FATHER
12. Name Henry Bumgarner
13. Birthplace ? (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Cutlip
15. Birthplace ? (City, town, or county) / Ohio (State or foreign country)

16. (a) Informant Mrs W. A. Cox
(b) Address Stonberry Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Albany Mo

18. (a) Signature of funeral director Latoy H Phillips
(b) Address Stonberry Mo

19. (a) Nov 2/41 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1941 hour 4 minute 32 P M.

21. I hereby certify that I attended the deceased from Sept 3, 1941, to Nov 2, 1941; that I last saw him alive on Nov 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonary Emphalism

Due to ✓

Due to ✓

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

Major findings: Of operations ✓

Of autopsy ✓

Duration

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 J. Harold Ryan (M. D. or other) M.D.
Address Saint Joseph Mo Date signed 11/2/41

(Licensed Embalmer's Statement on Reverse Side) Lovers Lane

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 Lalon A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoneberry Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.