

FILED OCT 18 3 7 1946

Registration District No. 23

Primary Registration District No. 4297

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Purdin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn **58**

(c) City or town Purdin **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No **0**
(Yes or No)

If yes, name country XXXX

3. (a) PRINT FULL NAME Joshua Mills Bumgarner

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 17th
Year 1946 hour 6:30 minute a. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Stella Bumgarner

6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased October 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 15th, 1946 to Sept 17, 1946; that I last saw him alive on Sept 15, 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>5</u>	hr. min.

Immediate cause of death Coronary Embolism **Duration**

9. Birthplace Purdin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

11. Industry or business

12. Name B. K. Bumgarner

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

14. Maiden name Mary Ann Graves

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Stella Bumgarner

(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 9/19/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cemetery

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

(b) Address Linneus, Mo.

19. (a) Sept 23, 1946 (b) Elva Crookshank
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **2**

While at work? **2** (Specify type of place) (e) Means of injury

23. Signature Dr. W. H. Payne (M. D. or other) **20**
Address Purdin, Missouri 9/19 Date signed

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Derr A. Taylor*.....

Licensed Embalmer No. *3761*.....

P. O. Address *Linn, 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.