

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED APR 24 1947  
43

5143

State File No. ....

Registrar's No. ... 167

Registration District No. ....  
Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County B. utler

(b) City or town Poplar Bluff Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Poplar Bluff Twp. East Hwy 60  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Poplar Bluff Twp. East Hwy 60 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Vinson Bumpus

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9 Apr 47  
\_\_\_\_\_, 19\_\_\_\_, to 9 Apr 47, 19\_\_\_\_.

that I last saw him alive on 9 Apr 47, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie Bumpus

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 12th 1872  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 94A

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>27</u>	_____ hr. _____ min.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Davis County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

12. Name P. T. Bumpus

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

14. Maiden name Mary Mulligan

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

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? \_\_\_\_\_

16. (a) Informant Roy Bumpus

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof April 11 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

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

(c) Means of injury \_\_\_\_\_

23. Signature Cynthia R. Post M.D. (M.D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 12 Apr 47

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address 412 Vine St., Poplar Bluff, Mo.

19. (a) 4/16/47 (b) [Signature]  
(Date received from registrar) (Registrar's signature)

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

DEC 27 1949

RECEIVED

District Health Office No. 2,

District File Number 447-618

Date Filed 4-22-47

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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Joe Clark* .....

Licensed Embalmer No. 4216 .....

P. O. Address *Toplev Bluff, 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.