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.

LSD APR 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11585
Do not use this space.

1. PLACE OF DEATH
(a) County: Miller
(b) Township or City: Glaize
(c) City: Iberia, Mo. R1
Registration District No.: 565
Primary Registration District No.: 5761c
Registered No.: 18
(d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 51½ yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: CHARLES E. CUMPER
(a) Residence, No.: Miller Co., Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2 1862
7. AGE: Years 76 Months 6 Days 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dayton Ohio

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mr. Albert Lutterell, Iberia, Mo. R1
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Union Cem. Brumley DATE: 1/28-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. L. Carey, Iberia, Mo
20. FILED: 2-10, 1939 C R Hawkins, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938, to Jan. 27, 1939
I last saw him alive on Jan. 24, 1939. Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1-20-39
RJC	

Other contributory causes of importance:

Chronic myocarditis	1919

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maynard P. Jones M. D.
(Address) Brumley Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 39-54
Date Filed 4-12-39

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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.