

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.

REC'D SEP 21 1939

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

30486
Do not use this space.

112

1. PLACE OF DEATH

(a) County Webster Registration District No. 896

(b) Township Grant Primary Registration District No. 619? Registered No. 33

(c) City _____ (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie Lee Bumgarner

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Bumgarner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1887

7. AGE YEARS 51 MONTHS 11 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) January 1939

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo.

FATHER

13. NAME Andrew J. Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER

15. MAIDEN NAME Vida Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Walter Bumgarner (ADDRESS) Northview, Missouri.

18. BURIAL PLACE Welch DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) Rex Rainey (ADDRESS) Marshfield, Missouri.

20. FILED Aug 15, 1939 Elizabeth Holif Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1939 to July 25, 1939

I last saw her alive on July 21, 1939. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Alzheimer's disease

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Yes 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? _____

If so, specify _____

(Signed) J. P. Price, M. D.

(Address) Marshfield, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 939-1908

Date Filed SEP 19 1939

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 Ken James

Licensed Embalmer No. 3312

P. O. Address Marshfield

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.