

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

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.

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 321 W. Gay St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days) 3.5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 321 W. Gay  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Eliaz Oscar Stump

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Natie Madara Stump 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 9 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation retired carpenter

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

MOTHER FATHER { 12. Name Benjamin Stump

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

14. Maiden name Mary Ann Stump

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

16. (a) Informant's own signature [Signature]

(b) Address 321 W. Gay Warrensburg Mo.

17. (a) burial (b) Date thereof Mar. 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sursey Hill

18. (a) Signature of funeral director W.R. Wald

(b) Address Warrensburg Mo. 301

19. (a) Mar 29-40 (b) Evay Hendry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26  
year 1940 hour \_\_\_\_\_ minute 5 P. M.

21. I hereby certify that I attended the deceased from March 18  
\_\_\_\_\_ 1940, to March 26 1940;  
that I last saw him alive on March 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to 950

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Warrensburg Mo Date signed 3/29/40

RECEIVED  
District Health Officer No. 8,  
District File Number 4-4-4  
Date Filed 04-4-4

**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.....  
*[Signature]*

Licensed Embalmer No. 3053

P. O. Address Warrensburg, 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, above space should be left blank.**