DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25648

AUG 13 1940

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: 120 Calhoun street (If not in hospital or institution, write street number or location)

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

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Livingston

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

(d) Street No. 120 Calhoun Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mollie Barbee Bummer 560

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Bummer

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

7. Birth date of deceased July (Month) 27 (Day) 1883 (Year)

8. AGE: Years 56 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business 1

FATHER
12. Name Harrison Christison 0
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Pattsy Boyle
15. Birthplace Livingston Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. Fannie Sterling

(b) Address 120 Calhoun Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-'40 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Mo.

19. (a) 7-16-40 (Date received local registrar) (b) H M Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 40 hour 10 00 minute — A M.

21. I hereby certify that I attended the deceased from July 6, 1940 to July 15, 1940; that I last saw her alive on July 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations X	
Of autopsy X	

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) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) X (County) X (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 943 X (Specify type of place)

While at work? X (e) Means of injury X

23. Signature N W Dowell (M. D. or other) 0

Address Chillicothe Mo. Date signed 7/16/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

130

RECEIVED
District Health Officer No. 11,
District File Number 240-1071
Date Filed AUG 1948

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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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

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