

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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28870**

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **98**

1. PLACE OF DEATH:

(a) County Texas

(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. 6th 9
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days 281

3. (a) PRINT FULL NAME Katie Madora Stump 281

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wk

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

6. (b) Name of husband or wife Elisa O. Stump

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

7. Birth date of deceased July 27 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Colkham Henry Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Robert P. Williams

13. Birthplace Rockingham Co. N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary A.E. Walker

15. Birthplace Rockingham Co. N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katie Stump

(b) Address 321 W. 6th Warrensburg Mo.

17. (a) Burial (b) Date thereof Aug 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Hill

18. (a) Signature of funeral director W. W. Vilar

(b) Address Warrensburg Mo.

19. (a) Aug 12-1940 (b) Benton Bentley
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

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

(d) Street No. 321 W. 6th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8th
year 1940 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 29, 1940, to Aug 8, 1940
that I last saw her alive on Aug 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction - cardio vascular disease
Due to with acute heart failure

Duration 2 1/2 hrs

Other conditions MI
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 991

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P.S. Thumm MD (M. D. or other) 1

Address Warrensburg Mo Date signed Aug 9 1940

RECEIVED
District Health Officer No. 8,
District File No. 9-5-40

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..... *Walter K. Griffin*
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.