

1-40
K23159

Registration District No. **607** Primary Registration District No. **5506 4361** Registrar's No. **59**

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

1. PLACE OF DEATH:

(a) County **New Madrid**

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

(c) Name of hospital or institution:
(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 **2**

3. (a) PRINT FULL NAME **Ernest Bimpus**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Ruby McElroy** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Sept 5 1894**
(Month) (Day) (Year)

8. AGE: Years **46** Months **2** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Jackson Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Ernest Bimpus**

13. Birthplace **Don't know** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Hattie Jones**

15. Birthplace **Don't know** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Edgar Humphrey**

(b) Address **Portageville R# 2**

17. (a) **Burial** (b) Date thereof **11-30-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville**

18. (a) Signature of funeral director **Richie Funeral Ho**

(b) Address **Portageville Mo**

19. (a) **2-12-1940** (b) **Mary W. Cote**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28** year **1940** hour **3** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Nov. 4** 19**40**, to **Nov. 28** 19**40**

that I last saw **him** alive on **Nov. 20** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure** Duration _____

Sudden death

Due to **Anaemic dysentery** 4 mo

Due to **General debility**

Other conditions **0**
(Include pregnancy within 3 months of death)

Major findings: **12 W**

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? **535**

23. Signature **John J. Hillman** (M. D. or other) _____

Address **Portageville Mo** Date signed **11-29-40**

12-40-1

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 comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.