

No. 2  
1-13-40  
1-17-39  
X23159

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1252**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **212**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2010 Linwood Blvd.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **49** years, months or days  
(Specify whether)  
 In this community **49** Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2010 Linwood Blvd.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

**3. (a) PRINT FULL NAME Mrs. Bettie Roberts Bumbarger**

**3. (b) If veteran, name war No** **3. (c) Social Security No. None**

**4. Sex Female** **5. Color or race White** **6. (a) Single, widowed, married, divorced Widowed**

**6. (b) Name of husband or wife Mr.** **6. (c) Age of husband or wife if Unknown** **alive --- years**

**7. Birth date of deceased December 6 1854**  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
86	1	8	hr. min.

**9. Birthplace Monticello Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation At Home**

**11. Industry or business**

**12. Name Hayden McRoberts**

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

**14. Maiden name Lucinda Bruce**

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

**16. (a) Informant Lena Bruce Bumbarger**

**(b) Address 2010 Linwood Boulevard**

**17. (a) Burial (b) Date thereof Jan. 17, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial of cremation Memorial Park Cemetery**

**18. (a) Signature of funeral director D. H. Newcomer**

**(b) Address 1401 Brush Creek Blvd.**

**19. (a) Jan 15, 1941 (b) M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH: Month January day 14th**  
year **1941** hour **10** minute **P.**

**21. I hereby certify that I attended the deceased from**  
**1935 to Jan 13 1941;**  
that I last saw him alive on **Jan 13 1941;**  
and that death occurred on the date and hour stated above.

**Immediate cause of death Recurrent cere-  
bral hemorrhage** **Duration 5 yrs.**

**Due to Arterio Sclerosis &  
Arterio Cholesterol**

**Other conditions Senility**  
(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? **—**

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

**23. Signature A. W. Davis M.D.** (M. D. or other) **D**  
Address **402 Withman Bldg** Date signed **1-18-41**

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

MOTHER FATHER

10-11; 3-5  
box 120  
204

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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, fact should be so stated above.**