

Registration District No. 156

FILED SEP 11 1942 2001  
Primary Registration District No. ....

Registrar's No. 321

49  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Freeman Hospital  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Uttawa <sup>999</sup>

(c) City or town Picher <sup>34</sup>  
834 Oneida St. (If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Anna Bumpus

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

3. (c) Social Security No. No

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 4, 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>4</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Housework.

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

MOTHER FATHER

12. Name Charley Miller

13. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Reynolds

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

16. (a) Informant Fred Bumpus.  
(b) Address Picher, Okla.

17. (a) Removed (b) Date thereof 8-4-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation G.A.B. Miami, Okla.

18. (a) Signature of funeral director [Signature]  
(b) Address Picher, Okla.

19. (a) 8-8-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8.  
year 1942. hour 12:15. P. M. M.

21. I hereby certify that I attended the deceased from May 15  
1942 to Aug 7 1942

that I last saw him alive on Aug 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular.

Due to Cardiac Arrhythmia

Due to Interstial nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1318

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 8

23. Signature [Signature] (M. D. or other)  
Address Galena, Texas Date signed Aug 6-42

42.8.714

**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 with the above constitutes grounds for revocation of license.)**  
If this body is not embalmed, fact should be so stated above.