

Registration District No. 1948 278

Primary Registration District No. 3054

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pike County 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 Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 1716 S. Carolina
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ELIZABETH JUMP
3. (b) If veteran, name war L
3. (c) Social Security No. ---

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James M. Jump
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 11 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 6 21 hr. min.

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

10. Usual occupation House wife

11. Industry or business at home

12. Name William Pickens

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

14. Maiden name Mary Jane Campbell

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

16. (a) Informant Thomas M. Cline
(b) Address Clarksville Mo.

17. (a) burial (b) Date thereof Feb. 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near Dover Mo.

18. (a) Signature of funeral director Harner & Stone
(b) Address Louisiana Mo.
19. (a) 9/14/43 (b) J. C. Haley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2
year 1943 hour 6:00 minute --- P. M.
21. I hereby certify that I attended the deceased from 8-17
1943 to 9-3-43 19---
that I last saw her alive on 9-2-43 19---
and that death occurred on the date and hour stated above.

Immediate cause of death Acute abdominal hemorrhage

Due to Arteriosclerosis of Aorta

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While a resident of _____ (Specify type of place)
23. Signature J. C. Haley (M. D.)
Address Louisiana Mo. Date signed 9-3-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-43-1677

Date Filed OCT 8 1949

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, ~~etc~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. B. Starnes.....

Licensed Embalmer No. 4039.....

P. O. Address Louisiana, 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.