

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 254679
Registrar's No. 69

FILED AUG 14 1944

Registration District No. 291 Primary Registration District No. 5912

1. PLACE OF DEATH Putnam Lincoln Sup
(a) County Putnam
(b) City or town Wendota R. J. D. No. 1
(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 Life years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Putnam
(c) City or town Wendota
(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. No 0 years.

3. (a) PRINT FULL NAME Andrew Jackson Bumpreys
3. (b) If veteran, no name war _____ 3. (c) Social Security No. none
4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Etta Bumpreys 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January 9, 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 22 day 1944
year _____ hour 5:45 P. minute _____ M.
21. I hereby certify that I attended the deceased from July 22
1944 to July 22 1944
that I last saw him alive on July 22 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 6 13 hr. _____ min.

Immediate cause of death Coronary occlusion Duration 6 hr

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

Due to Angina Pectoris 3 yrs

10. Usual occupation Retired Farmer-Merchant

Due to Coronary sclerosis
senility

11. Industry or business
12. Name Richard Bumpreys
13. Birthplace Virginia
14. Maiden name Etta Bumpreys
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. A. J. Bumpreys
(b) Address R. J. D., Wendota, Mo.

22. If death was due to external cause, fill in the following:

17. (a) burial (b) Date thereof 7-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shoney Cemetery

(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?

18. (a) Signature of funeral director Thos. L. Johnson
(b) Address Centerville, Mo.

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

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature Edwin A. Larsen (M. D. or other) MD
Address Centerville, Iowa Date signed 7-24-44

N. B.—Every effort should be made to ascertain the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 12 1942

Registration District No. 291

Primary Registration District No. 5992

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

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural Putnam
(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. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew J. Humphrey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 9 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days _____ (If less than one day, hr. _____ min. _____)

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

MOTHER FATHER

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) [Signature] (b) [Signature]
(Name received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____ that I last saw him alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTAL

AUG 2

25499