S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24741

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 288

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(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 Missouri (b) County Marion 64
(c) City or town Hannibal, M 3 4
(If outside city or town limits, write "RURAL")
(d) Street No. Mt. Olivet Heights
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mattie Lu Bumgardner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife John C. Bumgardner
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan. (Month) 15 (Day) 1881 (Year)

8. AGE: Years 63 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Woodville (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Patton Brammer
13. Birthplace (City, town, or county) 0 Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Wilson
15. Birthplace (City, town, or county) 1 Kentucky (State or foreign country)
16. (a) Informant John Bumgardner
(b) Address Mt. Olivet Heights
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 27 (Day) 1944 (Year)
(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway
19. (a) 9-15-44 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24 year 1944 hour 10:00 minute P.M.M.
21. I hereby certify that I attended the deceased from Aug 14, 1944, to Aug 24, 1944 that I last saw her alive on Aug 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Chronic — Duration 8 mo. yrs.

Due to

Due to 93d

Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. B. Blue 0 (M. D. or other)
Address Hannibal Date signed Aug 24 44

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Jack H. Lukens

Licensed Embalmer No. 4110

P. O. Address Hannibal, 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.