

FILED DEC 7 1944

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Person  
(b) City or town Rural Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo 19 days  
11 1 (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3200 Parkledge  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Bumpus

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 21 1870 (?)  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jefferson Co Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name Sam Bumpus

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

14. Maiden name Elizabeth Alice

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

16. (a) Informant Frank R Bumpus

(b) Address Kansas City Mo

17. (a) Buried (b) Date thereof 11-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director manly Beechinger

(b) Address Nevada Mo

19. (a) 11-7-44 (b) Ray B. Beach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7  
year 1944 hour 11 minutes 54 A.M.

21. I hereby certify that I attended the deceased from 10-24-1944 to 11-7-1944  
that I last saw him alive on Nov 7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration \_\_\_\_\_

Due to Cerebral Arterio Sclerosis ?

Due to \_\_\_\_\_ ?  
Other conditions Phlebitis ?  
(Include pregnancy within 3 months of death)

Major findings: no operation PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none 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 R. P. Hall (M. D. or other) \_\_\_\_\_  
Address Nevada Mo Date signed 11/7/44

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

MOTHER FATHER

RECEIVED

Officer No. 7,

11-44-1229

Date Filed 12-5-44

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.....

*Marsh. Echeverria*

Licensed Embalmer No. 26576

P. O. Address Nevada, 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.**