

FILED SEP 22 1945

3007

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Luvy Lee

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community _____
(years, months or days)

3. (a) PRINT FULL NAME John William Bumbgardner

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan. 1, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>7</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation baby

11. Industry or business _____

MOTHER FATHER

12. Name John Bumbgardner

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

14. Maiden name Giddene Henby

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

16. (a) Informant John Bumbgardner

(b) Address Neelyville, Mo.

17. (a) Burial (b) Date thereof Aug 18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinsey Minnie Gish

18. (a) Signature of funeral director _____

(b) Address Naylor, Mo.

19. (a) 8/22/45 (b) RH Muesel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12.

(c) City or town Neelyville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1945 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Aug 13 to Aug 14, 1945, that I last saw him alive on Aug 14, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Jaundice Duration 4 da

Due to Acute enterocolitis. 7 da

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Poplar Bluff, Mo. Date signed 8/22/45

RECEIVED

District Health Office No. 2,

District File Number

Date Filed

945-3044
9-17-45

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

Byron W. Cord

Licensed Embalmer No.

4079

P. O. Address

Naylor

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.