

FILED JAN 12 1946

Registration District No. 31

Primary Registration District No. 5107

State File No.

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Rural-West White Twn.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 57 years (Specify whether)
 In this community 57 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Benton
 (c) City or town Rural-West White Twn.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William T. Bumpas
 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 S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 4, 1888
 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 0
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William W. Bumpas

13. Birthplace Missouri

14. Maiden name Betty E. Carter

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

16. (a) Informant Albert Bumpas

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 12-6-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo

19. (a) DEC. 13, 1945 (b) Pauline Harms
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 4th
 year 1945 hour 3 minute 27 a. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1945 to Dec. 3, 1945
 that I last saw him alive on Dec. 3, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Arterial Sclerosis Duration 4 yrs

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

Major findings: Of operations none (30)
 Of autopsy none
 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 C
 23. Signature L.A. Blackmore (M. D. or other) MD
 Address Windsor Date signed 12-5-45

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RECEIVED
District No. 7, 12-40-1339
Date Filed 1-11-46
JAN 16 1946

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 *W. H. Hudson*
Licensed Embalmer No. 3391
P. O. Address *Windsor, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.