

No. 2
M-5-43
v. 5-17-39
X38671

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

State File No. **7292**
Registrar's No. **1772**

Registration District No. **318** Primary Registration District No. **100**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
69
6242

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis Children's Hospital**
(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 **Illinois** (b) County **Marion**
(c) City or town **Iuka**
(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 **John Bumgarner**
3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **19**
year **1946** hour **10** minute **108** M.

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

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

7. Birth date of deceased **October 3 1942**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
3 4 16 hr. _____ min.

Immediate cause of death **Asphyxiation by suffocation in his home at Iuka Illinois on Feb. 3 1946 about 2:45 PM**
Due to _____
Due to _____

9. Birthplace **Iuka Illinois**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
195
16

10. Usual occupation **Infant**
11. Industry or business _____
12. Name **Everett Bumgarner**
13. Birthplace **Iuka Illinois**
14. Maiden name **Lenora Wooley**
15. Birthplace **Marion County Illinois**

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

16. (a) Informant **Everett Bumgarner**
(b) Address **Iuka, Ill.**
17. (a) **Removal** (b) Date thereof **2-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Iuka, Illinois**

22. If death was due to external causes, fill in the following: **136**
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Feb 3 1946 Illinois**
(c) Where did injury occur? **Iuka Illinois**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
19. (a) **FEB 21 1946** (b) **J. F. Budnik**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury **6 above**
23. Signature **Dr. Alfred J. Perry** (M.D. or other) **3**
Address **Dr. Alfred J. Perry** Date signed **2/21/46**

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 *John Agonoshki*.....

Licensed Embalmer No. *3398*.....

P. O. Address.....

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.