

FILED SEP 14 1946

Registration District No. 12

Primary Registration District No. 3015

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
515 - E 6th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO.
(Specify whether
In this community 17 yrs.
years, months or days)

3. (a) PRINT FULL NAME Jennie May Stump
3. (b) If veteran. name war. ✓
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife B. F. Stump
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased Aug 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Atlantic Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John F. Stump
13. Birthplace no record no record
(City, town, or county) (State or foreign country)
14. Maiden name Linnie M. Hank
15. Birthplace no record no record
(City, town, or county) (State or foreign country)

16. (a) Informant Edna L. Stump
(b) Address 4527 Oakwood Pl. N.C. Mo.

17. (a) Burial (b) Date thereof Aug. 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron

19. (a) Aug 27, 1946 (b) Mrs. W. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 515 - E - 6th St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1946 hour ? minute ? M.

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.

Immediate cause of death: Chronic myocarditis and myocardial degeneration Duration 3 yrs

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938
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 3

23. Signature A. P. Tompkins (Coroner or other)
Address Cameron Mo Date signed 8/26/46

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

25469

25
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OCT 22 1957

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *C. D. Helton*
Licensed Embalmer No. *4421*
P. O. Address *Cameron 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.