

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1740
Registrar's No. 148

FILED FEB 10 1947
Registration District No. 208

Primary Registration District No. 5725

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

1. PLACE OF DEATH:
(a) County MACON
(b) City or town MACON Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SHOS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Purdin Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH BUMMER
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 11
year 1947 hour 2:25 minute A M.
21. I hereby certify that I attended the deceased from JANUARY 9
1947 to JANUARY 11 1947
that I last saw him alive on JANUARY 11 1947
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced 9
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: AUGUST 21 1858
(Month) (Day) (Year)

Immediate cause of death SENILITY WITH SENILE DEMENTIA
Duration _____

8. AGE: Years 88 Months 4 Days 20
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Vienna Austria
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business _____
12. Name Joseph Bummer
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gombauer
15. Birthplace Austria
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
16 2/10

16. (a) Informant Mrs John Bummer
(b) Address Purdin Mo
17. (a) burial (b) Date thereof 1/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grantsville Cem
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) Feb 3 1947 (b) Ruth Mcneely
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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 2
23. Signature Russell J. Lynch (M. D. or other) DO
Address 51405 Macon Mo. Date signed 1/11/47

JAN 13 1948

RECEIVED
District Health Officer No. 10
District File Number 247-295
Date Filed FEB 8 1947

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Mason 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.