. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38037

Registration District No. FILED DEC 15 1947

Primary Registration District No. 802

Registrar's No. 5097

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: On sidewalk 415 East 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3320 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: X

3. (a) PRINT FULL NAME: CLAUDE BUMGARNER
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unknown

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Bumgarner
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: October 9 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	24	....hr. ....min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired salesman
11. Industry or business: X

FATHER
12. Name: James H. Bumgarner
13. Birthplace: Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Frances Emison
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Anna Bumgarner
(b) Address: 3320 Brooklyn K. C. 3 Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Odessa, Missouri
18. (a) Signature of funeral director: Wilks Funeral Home
(b) Address: 2315 Linwood K. C. 3 Mo
19. (a) 12-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3 year 1947 hour 9 minute A M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Deputy Coroner

Major findings:
Of operations:
Autopsy: History + Inspection

PHYSICIAN — Underline the cause of which death should be tabulated 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: (Specify type of injury)
23. Signature: A. E. Upchurch M.D.
Address: 2800 Main 12/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1968

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address KC. 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.