S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1948

Registration District No. 114

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29391

Primary Registration District No. ~~44~~ 4186

Registrar's No. 79

640

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 2½ years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 4 5 0

(c) City or town Sullivan
(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 George Russell Jump

3. (b) If veteran, name war **

3. (c) Social Security No. **

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Nora Smith Jump

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March (Month) 2 (Day) 1878 (Year)

8. AGE: Years 70 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Old Argo (City, town, or county) Missouri () (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name James Jump
13. Birthplace Tea (City, town, or county) Missouri () (State or foreign country)

MOTHER
14. Maiden name Sarah Roberson
15. Birthplace Tea (City, town, or county) Missouri () (State or foreign country)

16. (a) Informant Dr. Clarence E. Jump
(b) Address Augusta, Georgia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Warren Cem. Tea, Mo.

18. (a) Signature of funeral director Milford H. Wright
(b) Address Owensville, Mo.

19. (a) 9-6-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 4 Year 1948 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from 8-5, 1948, to 9-2, 1948 that I last saw him alive on 9-2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10 min
Due to	
Due to 944	
Other conditions Arteriosclerosis, Advanced (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations Amputation rt. leg below knee nine months ago - arterio
~~Of autopsy~~ sclerotic gangrene

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 0

23. Signature Paul A. Brunner (M. D. or other) MD
Address Owensville, Mo Date signed 9-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
SEP 16 1948

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.