

3000
0-47
7-39
3906

FILED DEC 20 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution few hrs.
(If not in hospital or institution, write street number or location)

In this community few days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

(c) City or town Baxter Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 624 E 12 st.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

f. If yes, name country _____

3: (a) PRINT FULL NAME James Kumbrough

3. (b) If veteran, name war _____ 3. (c) Social Security No. 443-10-0508

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertrude 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 20 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>11</u>	<u>12</u>	hr. min.

9. Birthplace Ellowash, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation dr. Engineer

11. Industry or business Sherrill Chemical Co.

12. Name Bradley Kumbrough

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Kumbrough

(b) Address 624 E 12 st

17. (a) Remove (b) Date thereof 11-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas

18. (a) Signature of funeral director James Wene

(b) Address Baxter Springs, Kas.

19. (a) 12-9-48 (b) E. D. James
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1948 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from April 11
19 48 to 12-8 19 48
that I last saw her alive on 12-8 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 6 hours

Due to _____

Due to _____

Other conditions Chronic vegetative endo-
(Include pregnancy within 3 months of death) carditis and chronic myocarditis

Major findings: Of operations _____

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 _____

23. Signature [Signature] (M. D. or other M.D.)

Address 410 Jackson, Joplin, Mo Date signed 12-8-48

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

JUN 22 1957

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.....

Wene Funeral Home

Registered Apprentice No.....

working under my personal supervision.

Signed

J. Lane Wene

Licensed Embalmer No. *2880*

P. O. Address *Boothby Hwy 145*

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.