001 0 155		THE DIVISION OF H					
		STANDARD CERTI	FICATE OF DE	ATH ,	Stat	e Filc No	32249
IRTH NO		_ REG. DIST. NO. 207	_ PRIMARY REG. DIST	. no.≰3	39 Rea	istrar's No	42
I. PLACE OF DE	=			DENCE (W		LIMTY	itution: residence bef
a. COUNTY M	ARIES		- I	SOURI		FIA	RIES:
b. CITY (If outside of OR TOWN BEL		C. LENGTH OF STAY in this place of the place	ol OR —	orporate limits, LLE	write RURAL	and give towns	6°30
d. FULL NAME OF HOSPITAL OR INSTITUTION	family	institution, give street address or location	d. STREET ADDRESS	(If rural, a	dve location)		U
NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	i	4. DATE	(Month)	(Day) (Year)
(Type or Print),	MINNIE		BUMP L65			EPT 2	
5. SEX / 6. FEMALE	WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	s. date of Birth SEPT 30th	1878	9. AGE (In ye last birthday	Months	Days Hours Min
telaphon	ON (Give kind of work ing life, even if retired) O perat	DUSTRY	(City and State OURI	or Foreign Co	antry)	12. CITIZEN OF WH. COUNTRY? USA.
Ba. FATHER'S NAME		136. MOTHER'S MAIDE	N NAME	14. NAM	E OF HUSBA	ND OR WIFE	
JOHN SMI	<u> TH </u>	LUCY TRAY			NK BU		
5. WAS DECEASED EVI Yee. no. or unknown) (I	ER IN U.S. ARMED I yea, give war or dates		b.				ADDRESS
NO I	t		Locate Ra	vmond	Jackso	on. St	Louis
8. CAUSE OF DEATH				-			
	I. DISEASE OR C		CERTIFICATION	0			INTERVAL BETWEE
Enter only one cause per ine for (a), (b), and (c)		CONDITION DING TO DEATH*(a)		Preu	IMONI		I INTERVAL BETWEE
Enter only one cause per	ANTECEDENT C Morbid condition rise to the above of the underlying co	CONDITION DING TO DEATH*(a) CAUSES LEAN, if any, giving DUE TO (b) Cause (a) stating cause last. DUE TO (c) DUE TO (c)	CERTIFICATION ONCHIAL Krowie My	PNEW	IMONI		INTERVAL BETWEE
Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such is heart failure, asthenia, ic. It means the disase, injury, or complication which caused death.	ANTECEDENT C Morbid condition rise to the above of the underlying co 11. OTHER SIGNI Conditions contri related to the dise	CONDITION DING TO DEATH* (a) CAUSES LE, If any, giving DUE TO (b) Cause (a) stating use last. DUE TO (c) IFICANT CONDITIONS Ibuting to the death but not ase or condition causing death.	CERTIFICATION		IMONI	Peg en	S Frs.
Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such the heart failure, asthenia, it. It means the disase, injury, or complica-	ANTECEDENT C Morbid condition rise to the above of the underlying co 11. OTHER SIGNI Conditions contri related to the dise	CONDITION DING TO DEATH*(a) CAUSES Let, if any, giving DUE TO (b) Cause (a) stating Use last. DUE TO (c) IFICANT CONDITIONS Use that the death but not	CERTIFICATION ON ChiAL PHONIC MY	OTO	IMONI IAL D SIS	Pegen	S Frs. 20. AUTOPSY1 YES NO.
Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such as heart failure, asthemia, ic. It means the disaste, injury, or complication which caused death. 9a. DATE OF OPERA-	ANTECEDENT C Morbid condition rise to the above of the underlying co 11. OTHER SIGNI Conditions contri related to the dise	CONDITION DING TO DEATH* (a) CAUSES LE, If any, giving DUE TO (b) Cause (a) stating use last. DUE TO (c) IFICANT CONDITIONS Ibuting to the death but not ase or condition causing death.	CERTIFICATION ON ChiAL CHYONIC MY OSTED P	OTO	IMONI IAL D SIS	Pegen	S / S. S / S. NTERVAL BETWEE ONSET AND DEATH S / S / S / S / S / S / S / S / S / S
This does not mean the mode of dying, such as heart failure, asthenia, it. It means the disase, injury, or complication which caused death. 9a. DATE OF OPERATION	ANTECEDENT C Morbid condition rise to the above the underlying ca II. OTHER SIGNI Conditions contri- related to the dise [19b. MAJOR FIN	CONDITION DING TO DEATH* (a) CAUSES LE, If any, giving DUE TO (b) Cause (a) stating Use last. DUE TO (c) IFICANT CONDITIONS Ibuting to the death but not ase or condition causing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or abort	CERTIFICATION ON ChiAL PHONIC MY STED 1 21c. (CITY, TOWN, O	OTO	IMONI IAL D SIS	Pegen	INTERVAL BETWEE ONSET AND DEATH 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such as heart failure, authenta, it. It means the disace, injury, or complicate, in the caused death. 9a. DATE OF OPERATION 11a. ACCIDENT SUICIDE HOMICIDE 11d. TIME (Month OF INJURY) 2. I hereby certify	ANTECEDENT C Morbid conditions rise to the above the underlying co 11. OTHER SIGNI Conditions contri related to the dise. 190. MAJOR FIN (Bpecity) (Day) (Tear)	CONDITION DING TO DEATH* (a) AUSES As, if any, giving DUE TO (b) Course (a) stating The last. DUE TO (c) IFICANT CONDITIONS Sibuting to the death but not ase or condition causing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (a.e., to or above home, larm, lastory, street, office bidg., exa (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK the deceased from	CERTIFICATION ON ChiAL PROVIS MY STEOD 21c. (CITY, TOWN, O 21f. HOW DID INJUIT	OTO	1512,	Peg GN COUNTY) that I last	INTERVAL BETWEE ONSET AND DEATH STATE 20. AUTOPSY1 YES NO (STATE)
nter only one cause per no for (a), (b), and (c) *This does not mean the mode of dying, such the heart failure, asthenia, c. It means the discus, injury, or complication which caused death. Da. DATE OF OPERATION Is. ACCIDENT SUICIDE HOMICIDE Id. TIME (Mossb OF INJURY) 2. I hereby certify alive on	ANTECEDENT C Morbid conditions rise to the above the underlying co 11. OTHER SIGNI Conditions contri related to the dise. 190. MAJOR FIN (Bpecity) (Day) (Tear)	CONDITION DING TO DEATH* (a) CAUSES As, if any, giving DUE TO (b) CAUSES As, if any, giving DUE TO (b) DUE TO (c) IFICANT CONDITIONS Ibuting to the death but not ase or condition causing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (a.e., in or above home, farm, factory, street, office bidg., exa (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	CERTIFICATION ON ChiAL PROVIS MY STED 21c. (CITY, TOWN, O 21f. HOW DID INJUIT 125, 70, 10 11:50 70, from	OTO R TOWNSHIP	1512,	Peg GN COUNTY) that I last	INTERVAL BETWEE ONSET AND DEATH S AND DEATH
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inter only one cause per ne for (a), (b), and (c) *This does not mean the mode of dying, such a heart failure, asthenia, it. It means the disase, injury, or complication which caused death. 9a. DATE OF OPERATION 1a. ACCIDENT SUICIDE HOMICIDE 1d. TIME (Mostb OF INJURY) 2. I hereby certify alive on 9 3a. SIGNATURE AA. BURIAL. CREMION, ERMOVAL (Speath ION, ERM	ANTECEDENT C Morbid condition rise to the above of the underlying co II. OTHER SIGNI Conditions contri- related to the dise IPU. MAJOR FIN (Bpecity) (Day) (Year) that I attended 2.5.392	CONDITION CONDITION CONDITION CAUSES Let, if any, giving DUE TO (b) Cause (a) stating Use last. DUE TO (c) IFICANT CONDITIONS Institute to the death but not use or condition causing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (a.e., in or above home, farm, factory, street, office bidg., etc. WHILE AT NOT WHILE WORK AT WORK Let and that death occurred of Opening of title) 24c. NAME OF CEMETI	CERTIFICATION ON ChiA L NONIC MY STED STED	OTO R TOWNSHIP RY OCCUR? Like causes Le Le Le Location	SISON (Olizy, to TION (Olizy, to	COUNTY) that I last date stated own, or county	INTERVAL BETWEE ONSET AND DEATH 3 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such as heart failure, authenta, it. It means the disace, injury, or complicate, in the caused death. 9a. DATE OF OPERATION 11a. ACCIDENT SUICIDE HOMICIDE 11d. TIME (Month OF INJURY) 2. I hereby certify	ANTECEDENT C Morbid conditions rise to the above the underlying co 11. OTHER SIGNI Conditions contri- related to the dise. 190. MAJOR FIN (Bpeelly) (Day) (Tear) that I attended 2.5 302 A 24b. DATE (SEPT 2)	CONDITION CONDITION CAUSES As, if any, giving DUE TO (b) COURSE (a) stating The last. DUE TO (c) IFICANT CONDITIONS Sibuting to the death but not ase or condition causing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (a.e., to or above home, larm, lastory, street, office bidg., etc. (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORE WORK AT	CERTIFICATION ON ChiA L NONIC MY STED STED	OTO R TOWNSHIP RY OCCUR? Life causes Le Le LE LE LE LE LE LE LE LE	SISON (Olizy, to TION (Olizy, to	COUNTY) that I last date stated	INTERVAL BETWEE ONSET AND DEATH 3 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-

grorking under my personal supervision.

Licensed Embalmer No

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.