

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29262
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
(b) Township Windsor Primary Registration District No. 5496
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 18

2. PRINT FULL NAME 512 Joseph Eugene Bumpas

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Laura Stephens Bumpas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 4 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hermann
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Hugh M. Bumpas

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Eva C. Dodds

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. J. E. Bumpas
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Sept. 1, 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner 319
(ADDRESS) Windsor, Missouri

20. FILED Sept 1, 1939 J. J. Jensen
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1939

I HEREBY CERTIFY, that I attended deceased from Aug 30, 1939 to Aug 30, 1939. I last saw him alive on Aug 30, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m. The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
Date of onset Aug 30

Other contributory causes of importance: 94 lb

Name of operation _____ Date of _____
What test confirmed diagnosis? Plum Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. J. Jensen M. D.
J. J. Jensen (Address) _____

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1801

Date Filed 9-7-39

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.....

W. H. Keston

Licensed Embalmer No. 3391

P. O. Address Lincoln, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.