

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

9678  
 Do not use this space.  
 1143

1. PLACE OF DEATH **DEC'D APR 23 1938**  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1143  
 (c) City Kansas City (d) Street No. Trinity Lutheran Hospital 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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cyril R. Rumans 552  
 (a) Residence, No. 1202 East 37th St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) <u>WIFE</u> <u>Mrs. Nellie L. Rumans</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12, 1892</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>3</u>	DAYS <u>29</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Decorator</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo.</u>			
	13. NAME <u>James W. Rumans</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Wilma Green</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
17. INFORMANT (ADDRESS) <u>Mrs. Nellie L. Rumans 1202 East 37th St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Mar. 14, 1938</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>Freeman Mortuary &amp; Chapel Kansas City, Mo.</u>				
20. FILED <u>Mar 13 1938 M. M. Grover</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Mar. 11, 1938</u> 19 <u>38</u>
22. I HEREBY CERTIFY That I attended deceased from <u>July 27</u> , 19 <u>38</u> to <u>Mar 11</u> , 19 <u>38</u> I last saw him alive on <u>March 11</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>5:15 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary Embolus</u> Date of onset <u>3/11/38</u> <u>122a</u>	
Other contributory causes of importance:	
Name of operation <u>Autopsy</u>	Date of <u>2-25-38</u>
What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>Yes</u>	
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? If so, specify <u>By U. Adams M.D.</u> (Signed) _____ M. D. (Address) <u>6247 Brookside Blvd</u> <u>WCH</u>	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

