

Registration District No. **FILED JUL 25 1940**Primary Registration District No. **3003**Registrar's No. **38**

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Monett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Wilma M. Rumbough
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Ernest Rumbough
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased July 5, 1877
 (Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 20
 If less than one day hr. _____ min. _____

9. Birthplace Verona, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edwin F. Stubblefield

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

14. Maiden name Mary Luck

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

16. (a) Informant's own signature Ernest Rumbough

(b) Address Monett, Mo.

17. (a) Verona (b) Date thereof June 27, 1940
 (Burial, cause of death, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Blanchesship's

(b) Address Monett, Mo.

19. (a) 6-26-1940 (b) W. M. West
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Monett
 (If outside city or town limits, write "RURAL")
 (d) Street No. Broadway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1940 hour 4 minute 17 P. M.

21. I hereby certify that I attended the deceased from June 3
 1940 to June 25, 1940
 that I last saw her alive on June 24, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus (Type unknown)
 Duration unknown

Due to _____

Due to _____

Other conditions 48
 (Include pregnancy within 5 months of death).

Major findings: _____
 Of operations _____

Of autopsy None

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?
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While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Ed. Hargrave M.D. (M. D. or other)

Address Monett, Mo. Date signed 7-21-40

RECEIVED

District Health Officer No. 6,
District File Number 740-2338
Date Filed JUN 10 1940

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, ~~only~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed R. H. Blanke

Licensed Embalmer No. 2397

P. O. Address Monett, 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, above space should be left blank.