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X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21564

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 148

1. PLACE OF DEATH:
(a) County 6 Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Tracks
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 1611 So. Kentucky
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James August Tumann
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18th
year 1940 hour 3 minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Ran over by a train, and decapitated Duration _____

7. Birth date of deceased Unknown
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
About 32 years old hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 287 M
Major findings: Of operations _____
Of autopsy none

9. Birthplace Florence, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William Tumann
13. Birthplace Stover, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Casdosp
15. Birthplace Florence, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Tumann
(b) Address Sedalia, Mo.
17. (a) Removal (b) Date thereof 6/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Emergence

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Ran over by train
(b) Date of occurrence June 18, 1940
(c) Where did injury occur? Jefferson City, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place, Railroad Track.
While at work? no (Specify type of place) Means of injury Train
23. Signature Frank J. Nichols (M. D.)
Address Maffere, Mo Date signed 6-18-40

18. (a) Signature of funeral director John F. Hermans
(b) Address Jefferson City, Mo.
19. (a) 6/18/40 (b) D. B. Sanford M.D.
(Data received local registrar) (Registrar's signature)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.