17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH ✓

State File No. 25123

Registration District No. 1104 Primary Registration District No. 5415 Registrar's No. 10

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town Leslie Mo

(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 Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County FRANKLIN

(c) City or town Leslie Mo.

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME IDA. RUMBUHL 514

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adolph Rumbuhl

6. (c) Age of husband ~~or wife~~ if alive 73 years

7. Birth date of deceased June (Month) 19 (Day) 1867 (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Remmert 1
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Susanna Hartung
15. Birthplace Germany (City, town, or county) 1 (State or foreign country)

16. (a) Informant Adolph Rumbuhl

(b) Address Leslie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Leslie Mo

18. (a) Signature of funeral director E. H. Tamme

(b) Address Beaufort Mo.

19. (a) 7-28-40 (Date received local registrar) (b) Charles A. Schmidt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1940 hour 0 minute 1:00 P.M.

21. I hereby certify that I attended the deceased from July, 1937, to July 21, 1940 that I last saw her alive on June 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast — Duration 2 yrs

Due to

Due to

Other conditions Hypertension & Coronary artery Disease (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

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? 2 (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles A. Schmidt M. D. or other Md

Address Gerald Mo Date signed 7-28/40

(Licensed Embalmer's Statement on Reverse Side)

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 E. H. Lemme, Registered Apprentice No. ..... working under my personal supervision.

Signed E. H. Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort M

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

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