

FILED OCT 23 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH34999  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 25125  
 (b) Township Cape Girardeau Primary Registration District No. 4033000 Registered No. 44  
 (c) City Cape Girardeau, Mo. (d) Street No. South East Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Seibon, Mo. 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 Married  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Mumm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day ..... hrs. or ..... min.  
53 5 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 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) (STATE OR COUNTRY) Indiana

FATHER  
 13. NAME David Mumm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER  
 15. MAIDEN NAME Anna Burrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Elizabeth Mumm

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo, Seibon Mo

DATE Oct. 2, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Prang, Malden Mo

20. FILED Oct 10 1940 Mrs. M. Mumm Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1940, to Sept 30 1940

I last saw him alive on Sept 30 1940 Death is said to have occurred on the date stated above, at 5:20 P. M.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 9/22/40

Other contributory causes of importance: 10' W

Infirmities

Name of operation Date of

What test confirmed diagnosis? 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. C. Cochran M. D.

(Address) Cape Girardeau, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

J. Martin Thompson

RECEIVED

District Health Officer No. 2

District File Number

Date Filed

JAN 18 1944

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.