

No. 2
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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2139

Registration District No. 135

Primary Registration District No. 5201

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Cassell
(b) City or town Rural Eugene TP Mo
(c) Name of hospital or institution:
(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 Cassell
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Eugene TP
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Harold Erwin M Cumber
3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 8 (Month) 26 (Day) 1940 (Year)

8. AGE: Years _____ Months 4 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name Harold M Cumber
13. Birthplace Cassell Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Rula Homack
15. Birthplace Cassell Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Freda Knipscheld
(b) Address Cassell Mo

17. (a) Rural (b) Date thereof 1 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adkins Cem

18. (a) Signature of funeral director Walter Marshall
(b) Address Cassell Mo

19. (a) 1-6-41 (b) Walter Marshall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 1941 hour _____ minute 10:30 M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Jan 4 1941
that I last saw him alive on Jan 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
fluorid
Due to fluorid
lobar
pneumonia
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underlines 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? _____

23. Signature Walter Marshall (Specify type of place) _____
While at work (a) Manner of injury _____
Address Cassell Mo Date Jan 5 1941

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

RECEIVED
District Health Officer No. 8,
File Number 75-5-6
Filed

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 me

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

Signed J. E. Miller

Licensed Embalmer No. 1783

P. O. Address Camellon 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.