No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37507

Registration District No. DEC 22 1941 399

Primary Registration District No. 1002

Registrar's No. 4302

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 1day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 048 3 8
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 500 West 44th St. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Sandra Jean Rummons
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: 3 Fe
5. Color or race: Col
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: November 17, 1941 (Month) (Day) (Year)

8. AGE: Years: ; Months: ; Days: 1 ; If less than one day: ____ hr. ____ min.

9. Birthplace: Kansas City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER
12. Name: Dr. Eugene H. Rummons
13. Birthplace: Platte City (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name: Margaret Wright
15. Birthplace: Kansas City (City, town, or county) Kansas 1 (State or foreign country)
16. (a) Informant: Dr. Eugene Rummons
(b) Address: 500 E. 44th.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland
18. (a) Signature of funeral director: Hakins Bros
(b) Address: 1729 Lydia
19. (a) 11-21-41 (Date received local registrar) (b) N. N. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1941 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-16, 1941, to 11-17, 1941; that I last saw her alive on 11-17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia aspirated	
Due to: Breech Presentation and Extraction	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hoc	
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Eugene P. Putman (M. D. or other)
Address: 173 Brooklyn Date signed 11-18-41

(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.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed: I. J. Manloire

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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, fact should be so stated above.