

16
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4

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

FILED JUL 9 1943
Registration District No. 53

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1241 S Pacific St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 73 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1241 S Pacific St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Friedrich H. Rumpel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1943 hour 4 minute 45 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ella W. Schurb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 30 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7 1943 to June 7 1943
that I last saw him alive on June 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 15 hr

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Cape Girardeau Mo. 0
(City, town, or county) (State or foreign country)

Other conditions Chronic Myocarditis 2 yrs
(include pregnancy within 3 months of death)

10. Usual occupation Farming

Physician George O. Phelker

11. Industry or business _____

MOTHER FATHER

12. Name Friedrich Rumpel 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Catharine Braden 5

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy 930

Underline the cause to which death should be charged statistically.

16. (a) Informant Emil Rumpel

(b) Address Cape Girardeau, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 6-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salon Evangelical Cent

(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? _____

18. (a) Signature of funeral director H. P. Lassman

(b) Address Cape Girardeau, Mo.

19. (a) 6-13-43 (b) G. O. Phelker
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature George O. Phelker (M.D. or other) _____
Address Cape Girardeau, Mo. Date signed 6/9-43

1014

RECEIVED

District Health Officer No. 4
District File Number 743-2401
Date Filed 7-7-43

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

Signed Howard P. Warner
Licensed Embalmer No. 4122
P. O. Address Cap. Gardner

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.

Handwritten notes: 7-9-43 80-81-2