S. No. 2
M—5-42
y. 5-17-39
I - X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21290

State File No.

FILED JUL 10 1943

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 49

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / 317 Stafford St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 85 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 317 Stafford St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Minnie Stumpe.
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased April (Month) 17th, (Day) 1858. (Year)

8. AGE: Years 85 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Washington, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation House-work.
11. Industry or business x
FATHER
12. Name Frank H. Stumpe.
13. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Caroline Drienhoefer.
15. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)
16. (a) Informant Clara Stumpe
(b) Address Washington, Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June 25, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nielburg & Vitt, Inc.
(b) Address Washington, Mo.
19. (a) 6-24-43 (Date received local registrar) (b) Fred J Ruether Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd, year 1943 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from Jan 19 41 to June 22 43, 19 ; that I last saw her alive on June 22 1943, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac congestion	I hour
Due to Mitral Stenosis	2yrs
Due to Rheumatic arthiritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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

23. Signature C F Goodrich M. D. or other M D
Address Washington Mo Date signed 6-23-43

1181

(Licensed Embalmer's Statement on Reverse Side)

Dr. Goodrich

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 A. K. Nieburg

Licensed Embalmer No. 2387

P. O. Address Washington, 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, fact should be so stated above.