No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1698

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 476

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: Delora Conv. Home 4622 Benton, K.C. Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 months (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 518 N. Main St.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME May E Sargent Rummel

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) ~~Single, widowed,~~ married, ~~divorced~~ Married

6. (b) Name of husband or wife Henry Rummel

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Jan (Month) 1 (Day) 1866 (Year)

8. AGE: Years 78 Months — Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Olen (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Philetus V Sargent
13. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Emma Carpenter
15. Birthplace Dont Know (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Henry Rummel

(b) Address 518 North Main Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Indep Mo

18. (a) Signature of funeral director Ott & Michell

(b) Address

19. (a) 1-28-44 (Date received local registrar) (b) T G Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27 year 1944 hour 5 minute 6 M.

21. I hereby certify that I attended the deceased from Jan 20 1944 to Jan 27 1944 that I last saw her alive on Jan 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Influenza

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

Duration

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) No

(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? Indep Mo. (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 6 E 11th St Mo Date signed 1/28-44

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1940

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 Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.