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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7976

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 44

80

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town MISSOURI Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 649 E. 10TH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 24 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 649 E. 10TH
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

7

3. (a) PRINT FULL NAME NELLIE STUMP

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F — WHITE

5. Color or race W — FEMALE

6. (a) Single, widowed, married, divorced 2 WIDOW

6. (b) Name of husband or wife JABEZ O. STUMP

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

7. Birth date of deceased 10 (Month) 18 (Day) 1860 (Year)

8. AGE: Years 83 Months 3 Days 15 If less than one day hr. min.

9. Birthplace NEWARK (City, town, or county) OHIO 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name DAVID JENKINS
13. Birthplace WALES 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JANE JONES
15. Birthplace WALES 4 (City, town, or county) (State or foreign country)

16. (a) Informant MRS RUTH WOODY
(b) Address SEDALIA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation ENGLEWOOD CEMETERY CLINTON, MO.

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA

19. (a) 2/3/44 (Date received by local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 3RD year 1944 hour 12 minute 02 A. M.

21. I hereby certify that I attended the deceased from About 5 months, 19..., to Feb 3, 1944, that I last saw her alive on Jan 28th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Rt Breast	18 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

60

Major findings:
Of operations None X Ray only
Of autopsy None

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 None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Jno B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo. Date signed 2-3-44

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-2-44

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 L. E. Boulelin

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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.