

FILED JUN 3 1944

Registration District No. ....

Primary Registration District No. 3020

Registrar's No. 5-2

## 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:  
220 W. Main 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 74 yrs. years, months or days)

3. (a) PRINT FULL NAME Fred Henry Stumpe.3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Ida K. M. Stumpe  
 6. (c) Age of husband or wife if alive, deceased 1870 years  
 7. Birth date of deceased January 7th 1870  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>19</u>	hr. min.

9. Birthplace Washington, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Clothing business.11. Industry or business X12. Name Frank Stumpe.13. Birthplace Unknown, Germany  
(City, town, or county) (State or foreign country)14. Maiden name Celphina Drienhoefer.15. Birthplace Unknown, Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. A. C. Nilburg(b) Address Washington, Mo.17. (a) Burial (b) Date thereof May 28, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington, Mo.18. (a) Signature of funeral director Nilburg & Witt, Inc.(b) Address Washington, Mo.19. (a) 5/28/44 (b) Lucille Ruth Brooks  
(Date received local registrar) (Registrar's signature)

## 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. 220 W. Main St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country X

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th,  
year 1944 found dead in bed A.M. M.21. I hereby certify that I attended the deceased from Mar 1 44  
19 1944 to May 26 19 1944.that I last saw him alive on May 25 1944,  
and that death occurred on the date and hour stated above.Immediate cause of death  
Coronary InfarctionDue to Coronary Sclerosis  
4 monthsDue to None  
OR MOREOther conditions None  
(Include pregnancy within 3 months of death)Major findings:  
Of operations NoneOf autopsy No

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?

While at work? (Specify type of place) (e) Means of injury None23. Signature J. Goodrich (M.D. or other)  
Address Washington, Mo. Date signed May 27 44

MOTHER FATHER

Duration  
During  
night

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

OCT 31 1947

RECEIVED

MAY 26 1947

JUL 1 1947

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-2-44

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

*Lester H. Vitt*

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Lester H. Vitt*

Licensed Embalmer No. 3254

P. O. Address

*Washington, Md.*

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

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