

FILED APR 26 1945

Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(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 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. City Gen. Delivery
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Robert D. Dumermuth

3. (b) If veteran, name war. 770

3. (c) Social Security No. 720

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/18/45
19..... to 4/19/45 19.....
that I last saw him alive on 4/19 (19) 19.....
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased: March 14 1935
(Month) (Day) (Year)

Immediate cause of death.....

Due to Lobar Pneumonia & suppur.

Due to Nephritis

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

10	1	5	hr. min.
----	---	---	----------

9. Birthplace: Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy 108

10. Usual occupation School Boy

11. Industry or business.....

MOTHER FATHER { 12. Name Ernest Dumermuth

13. Birthplace Cole Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marine Garrison

15. Birthplace Cole Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Dumermuth
(b) Address California, Mo.

17. (a) Burial (b) Date thereof Apr. 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem., California

18. (a) Signature of funeral director Baughin Funeral Home
(b) Address California, Mo.

19. (a) 4-19-45 (b) Theresa Richter
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury.....

23. Signature M. R. Kridger (M. D. or other) MD
Address Jefferson City, Mo. Date signed 4/19/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-25-45

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 Edward R. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.