U. S. No. 2
10M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

Registration District No. 245

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5836

State File No. 17672

Registrar's No. 46

73 06

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town RURAL NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEOSHO TOWNSHIP RFD #2 1
(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 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Neosho Township RFD #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME FRED RUMETSCH
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Oct (Month) 12 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	18	____ hr. ____ min.

9. Birthplace Seyen (City, town, or county) Germany (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
MOTHER FATHER
12. Name Simon Rumetsch
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Theilman
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Kate Krill
(b) Address Neosho RFD #2
17. (a) Burial (Burial, cremation, or removal) (b) Date 5-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bergman Cemetery
18. (a) Signature of funeral director Bigham Mortuary
(b) Address Neosho Mo
19. (a) 5-2-1945 (Date received local registrar) (b) Corey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1945 hour 5 minute 55 P.M.
21. I hereby certify that I attended the deceased from Apr 10 - 1945, to April 29, 1945 that I last saw him alive on Apr 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 R. Reynolds (M. D. or other) Md
Address Neosho Mo Date signed 5-2-45

1110

(Licensed Embalmer's Statement on Reverse Side)

Dr. Reynolds

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.

RECEIVED MAY 14 1945

District Health Officer No.....

District File Number 445-76

Date Filed MAY 14 1945

Signed. Merellen Williams Prickett

Licensed Embalmer No. 4166

P. O. Address. Goodman, 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.