

388064

State File No. _____

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 176

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 wks-1 day
 In this community 4 wks-1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. Tavern Hotel
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frederick B. Mumford

3. (b) If veteran, name war NIL 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Jessamine Mumford, deceased 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased 5 - 28 - 1868
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Moscow Michigan
 (City, town, or county) (State or foreign country)

10. Usual occupation Dean Emeritus College of Agriculture - University of Mo.

11. Industry or business Elish Charles Lindsley Mumford

12. Name Elish Charles Lindsley Mumford

13. Birthplace New York
 (City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Camburn

15. Birthplace New York
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M.G. Neale
 (b) Address St. Paul, Minn.

17. (a) Removal (b) Date thereof 11-12-46
 (Specify type of removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.
 18. (d) Signature of funeral director H.C. Dallmeyer + Sons Co
 (b) Address St. Charles, Mo.

19. (a) 11/18/46 (b) Francine Hauetta
 (Date received local transfer) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 12
 year 1946 hour 1:47 minute _____ P. M.
 21. I hereby certify that I attended the deceased from HELD-IN-QUEST
NOV 12 1946 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia
 Due to auto accident
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 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) accident
 (b) Date of occurrence Oct. 14, 1946
 (c) Where did injury occur? Hwy. 40 St. Chas. Cty.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway #40
 While at work? no (Specify type of place) (e) Means of injury fracture & bruises
 23. Signature Francine Hauetta (M. B. of death)
 Address Wentworth Ave Date signed 11-12-46

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

284

Call. with filed object

RECEIVED
District Health Officer No. 9
District File Number
Date filed 11-22-46

DEC 11 1946

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..... *Joseph I Landolt*
Licensed Embalmer No..... *4189*
P. O. Address..... *St. Louis*

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.