

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 25 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39459

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 6272

Registrar's No. #3

1. PLACE OF DEATH:

- (a) County North  
(b) City or town Bural, Allen Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_

(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

Life

3. (a) PRINT FULL NAME

Rebecca Dumble

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex ♀

5. Color or race W

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

6. (b) Name of husband or wife H. C. Dumble

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March

(Month)

25

(Day)

1872

(Year)

8. AGE:

Years

Months

Days

If less than one day

74

7

14

hr. min.

9. Birthplace Denver

(City, town, or county)

MO

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John M. B. Findley

13. Birthplace Denver

(City, town, or county)

MO

(State or foreign country)

14. Maiden name Elizabeth Miller

15. Birthplace Denver

(City, town, or county)

MO

(State or foreign country)

16. (a) Informant H. C. Dumble

(b) Address Denver, MO.

17. (a) Bural

(Burial, cremation, or removal)

(b) Date thereof 11-12-1946

(Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director John C. Dumble

(b) Address Grant City, MO.

19. (a) Nov. 15, 1946

(Date received local registrar)

(b) Letta E. Dawson

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO. (b) County North  
(c) City or town Bural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Denver  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9  
year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-2  
to 11-9, 1946,  
that I last saw her alive on 11-8, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death

chronic nephritis  
reflexic coma

Duration

3 days

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? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Dr. Rose MO (M, D, or other)

Address St. Louis MO Date signed 11-14-46

(Licensed Embalmer's Statement on Reverse Side)

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

38213

LABOR & HEALTH OFFICE  
Cameron, Mo.

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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.....

*Arch C. Dunfee*

Licensed Embalmer No.

*3252*

P. O. Address.....

*Grant City, 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.