No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31687

State File No.

Registration District No. 178

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 hrs (Specify whether
In this community 23 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Phillipsburg
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gustav Adolph Kumbier
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Kumbier
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Dec. (Month) 19 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	8	24	hr. min.

9. Birthplace Jefferson Co. Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business Farm
FATHER
12. Name Fredrick Kumbier
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amelia Summerfelt
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Anna Kumbier
(b) Address Phillipsburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Rader Cemetery
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon, Mo.
19. (a) Sept 20, 1947 (Date received local registrar) (b) Org Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1947 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 12, 1947 to Sept. 13, 1947 that I last saw him alive on Sept. 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary congestion	24 hrs.
Due to Coronary heart disease	1 wk.
Due to Hypertension & arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94 P

PHYSICIAN
Underline the cause of 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 H W Cowington (M. D. or other) M.D.
Address Lebanon, Mo. Date signed 9/16/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 9/25/47

Laclede County Health Unit

File No. 9-47-155

Date Filed 9/27/47

OCT 1 1954

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.