

No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **488**
Registrar's No. **5**

Registration District No. **52** Primary Registration District No. **5181**

1. PLACE OF DEATH:
(a) County **Cape Gir.**
(b) City or town **Rural Applecreek Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles South Oak Ridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital** (Specify whether)
In this community **Entire life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Cape Gir 16**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 miles South Oak Ridge, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Thomas J Rumpfelt**
3. (b) If veteran, name war
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 **Vina Goodson Rumpfelt**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 15 1864**
(Month) (Day) (Year)

8. AGE: Years **81** Months **3** Days **25** hr. _____ min. _____
If less than one day

9. Birthplace **Oak Ridge Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farming**

11. Industry or business

12. Name **Logan Rumpfelt**

13. Birthplace **Oak Ridge Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Bollinger**

15. Birthplace **Oak Ridge Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bern Rumpfelt**
(b) Address **Oak Ridge, Mo.**

17. (a) **Burial** (b) Date thereof **1-6-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge**
18. (a) Signature of funeral director **J. G. ...**
(b) Address **Jackson Mo.**
19. (a) **1-4-48** (b) **D. S. Schubert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **4**
year **1948** hour **4** minute **30** AM.
21. I hereby certify that I attended the deceased from **Dec 15**
1947, 19 to **Dec 15**, 19**47**.

that I last saw him alive on **Dec 15**, 19**47**,
and that death occurred on the date and hour stated above.
Immediate cause of death **Mitral Regurgitation with Pyelitis** Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **AB**
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. D. Blacklock** (M. D. or other)
Address **OAK Ridge MO** Date signed **1-6-48**

RECEIVED

Health Officer No. 4

148-67

1-14-48

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 Gene C. Cunniff

Licensed Embalmer No. 4327

P. O. Address Jackson, W.V.

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.