

FILED JUN 12 1948
Registration District No. 26

Primary Registration District No. 2001

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 15 Years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Margaret Rumerfield

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe. 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 22 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Gambay Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Mrs. Ruth Bunn

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 5-27 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Mem. Cem.

18. (a) Signature of funeral director Thornhill- Dillon

(b) Address Joplin Mo.

19. (a) 5-27-48 (b) Delores Lamphing
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 814 Sergeant 5
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 15
1948 to May 25 1948
that I last saw her alive on May 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis

Duration 7

Due to _____

Due to _____

Other conditions Malignancy of
gastrointestinal organs
Major findings: gastric CA
operation unknown

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 _____

Signature J. Chenoweth (M. D. or other) _____
Address Joplin Mo Date signed 5/25/48

48-5-471

Cherry

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.....

Licensed Embalmer No.....

P. O. Address.....

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.