N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1042
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
(c) City K.C. Mo
Registration District No. 399
Primary Registration District No. 1002
Registered No. 55
(d) Street No. 5722 East 12th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 546 Benjiman R. Dumler
(a) Residence, No. 5722 East 12th St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE M
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Fay Dumler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8th 1897
7. AGE YEARS 41 MONTHS 10 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Druggist
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME George Dumler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Katherine Rinehart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Mrs Fay Dumler 5722 East 12th St
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Lawrence Kan DATE Jan 7 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) ~~Mrs Fay Dumler~~ Rose & Henderson
20. FILED Jan 6, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1938, to Jan 5, 1939
I last saw him alive on Dec. 5 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Type I -	
108	

Other contributory causes of importance:
None

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Paul A. G. Johnson M. D.
(Address) 920 Newton

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1955

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 comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.