

FILED MAR 11 1940

Registration District No. 466

Primary Registration District No. 4279

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

1. PLACE OF DEATH

(a) County Lafayette  
(b) City or town Wellington  
(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 51 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Wellington  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 59 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10  
year 1940 hour 9<sup>0</sup> minute A.M.

21. I hereby certify that I attended the deceased from Feb. 5<sup>th</sup>  
1940 to Feb 10, 1940  
that I last saw her alive on Feb 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial degeneration Duration 24 hr.

Due to acute toxemia & anemia

Due to lobar pneumonia Had 4th  
live influenza

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations HN  
Of autopsy \_\_\_\_\_

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME VICTORINE DUMAS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife REGIS M. DUMAS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 24 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bessies France  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

MOTHER FATHER { 12. Name Conard Sherbond 7  
13. Birthplace Unknown France  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown  
15. Birthplace Unknown France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Cause  
(b) Address Wellington, Mo.

17. (a) Burial (b) Date thereof Feb. 12, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington cemetery

18. (a) Signature of funeral director Joy Evers  
(b) Address Wellington, Mo.

19. (a) Feb 12/40 (b) \_\_\_\_\_  
(Date received local registry) (Registrar's signature)

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. J. Beltram M.D. or other \_\_\_\_\_  
Address Wellington Mo. Date signed 2-12-40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3/8/40

**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 W. Jay Ewen  
Licensed Embalmer No. 3070  
P. O. Address Wellington, 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, above space should be left blank.**