

13-40  
7-39  
X23159

STANDARD CERTIFICATE OF DEATH

State File No. 9880

APR 28 1941

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Community Nursing Home  
(If not in hospital or institution, write street number or location)

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

In this community 7mo, 5days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville Rural  
(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.? 1 years.

3. (a) PRINT FULL NAME Albert Holley Rummerfield

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day thirteenth year 1941 hour 5:25 minute 35 AM.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug. 9 1940  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March thirteenth, 1941, to March 14, 1941; that I last saw him alive on March 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 2 Days

8. AGE: Years Months Days If less than one day

7 5 hr. \_\_\_\_\_ min.

Duration \_\_\_\_\_

9. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

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

12. Name Cleeti Rummerfield

13. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mazel May Mason

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

Major findings: Of operations No operation

Of autopsy No autopsy

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

16. (a) Informant Cleeti Rummerfield

(b) Address Kirksville Mo R. F. D.

17. (a) burial (b) Date thereof 3-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sabath Home Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Dr. Bily

(b) Address Kirksville

19. (a) Mar. 14-40 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. R. Schultz (M.D. or other) M.D.

Address 200 N. Walnut, Kirksville Date signed 3/14/41

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

1  
3  
3

RECEIVED

District Health Officer No. 10

District File Number 4-41-802

Date Filed APR 14 1941

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 [Signature]

Licensed Embalmer No. 4181

P. O. Address [Signature]

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.