

Registration District No. 703

Primary Registration District No. 5932

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Humansville (Rural)
(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 920 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 20
(a) State MO. (b) County Cedar
(c) City or town Humansville (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. _____ years.

3. (a) PRINT FULL NAME John Warren Rummel

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

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Rummel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 14 1906
(Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Rummel

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

14. Maiden name Elizabeth Gregg

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

16. (a) Informant _____
(b) Address Humansville Mo.

17. (a) Burial (b) Date thereof Feb. 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cem.

18. (a) Signature of funeral director Joseph & Sinstone

(b) Address Humansville, Mo.

19. (a) Mar 25-41 (b) ORA M. RICH
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1941 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec, 1941, to Feb 19, 1941; that I last saw him alive on Feb 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death nephritis

Due to Enlarged heart

Due to _____

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

Major findings: Of operations none

Of autopsy none

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? 632

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. M. Merino (M. D. or other) W. M. D.

Address Humansville Mo Date signed 2-20-41

Duration 2 mos

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9502

RECEIVED

District Health Officer No. 7,

District File Number 4-41-659

Date Filed 4-9-41

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.....

Charles Gilbert Hathaway, Registered Apprentice No. 269
working under my personal supervision.

Signed Ralph A. Joseph

Licensed Embalmer No. 5148

P. O. Address Humansville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 703

Primary Registration District No. 5932

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Jackson T.P.
(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 _____
years, months, or days)

3. (a) PRINT FULL NAME John Warren Rummel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 5
If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 19
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 2 hrs
N. M. D.

Due to Enlarged Heart.

Due to _____

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

Major findings: Of operations 30

Of autopsy _____

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 Doacoe C. Medina (M. D. or other) D.

Address Manassasville Mo Date signed 2-25-47

SUPPLEMENTAL

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

MOTHER FATHER

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

11734