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FILED MAY 23 1941

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 508

Primary Registration District No. 5685

Registrar's No. 69

1. PLACE OF DEATH:

(a) County LIVINGSTON

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

(c) Name of hospital or institution:  
3 MILE EAST of Chillicothe  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 2.5 YRS  
years, months or days)

3. (a) PRINT FULL NAME HOLLIS FIELD MUMPOWER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NA

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 SEPT 19 - 1889  
(Month) (Day) (Year)

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

57 6 6 hr. min.

9. Birthplace LIVINGSTON County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER

12. Name Y M G MUMPOWER

13. Birthplace LIVINGSTON CTY, MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH FIELD

15. Birthplace LIVINGSTON CTY, MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. N. Scruby

(b) Address Chillicothe MO.

17. (a) RURAL (b) Date thereof APR-28-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EDGEWOOD CEMETERY

18. (a) Signature of funeral director Eda. Meinershagen

(b) Address Chillicothe MO

19. (a) 4-26-41 (b) J. M. Moore, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LIVINGSTON

(c) City or town RICH HILL TWP, RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 MILE EAST of Chillicothe  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1941 hour 9:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 30, 1940 to April 25, 1941 that I last saw him alive on April 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation

Due to Chronic Myocarditis

Other conditions Cerebral Embolism  
(Include symptoms within 3 months of death)

since June 30 - 1940

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 97% H

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 \_\_\_\_\_

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? \_\_\_\_\_

23. Signature P. B. Beaman (M. D. or \_\_\_\_\_)

Address Chillicothe MO Date signed 2/26/41

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

**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.....

*Ernest Thomas*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Ernest Thomas*

Licensed Embalmer No. *2640*

P. O. Address *Philliphothe W.*

**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.**