

FILLED NOV 18 1941

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 804

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
518 North Main Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 80 years 29 days
 In this community 80 years 29 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME LENA MARIE RUMMEL3. (b) If veteran, name war 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years (Day) (Year)7. Birth date of deceased October 9 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 29 20 hr. 30 min.9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business at home12. Name Herman Rummel
13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Dorothy Rummel15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Lillie J. Rummel
(b) Address 518 N. Main St. Indep. Mo.17. (a) Burial (Burial, cremation, or otherwise) (b) Date thereof 11-11-1941
(Month) (Day) (Year)(c) Place: burial or cremation Woodlawn-Indep. Mo.18. (a) Signature of funeral director W. J. Mitchell(b) Address Independence Mo.19. (a) Nov. 10 41 (Date received local Registrar) (b) F. L. Cook (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Independence
 (If outside city or town limits, write "RURAL")
 (d) Street No. 518 North Main Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1941 hour 8 minute 30 P.M.21. I hereby certify that I attended the deceased from July 6 1941 to Nov 8 1941;
that I last saw her alive on Oct 27 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 18 hrsDue to
Due to Fractured hip 4 monthsOther conditions
(Include pregnancy within 3 months of death)Major findings: PHYSICIAN
Of operations
Of autopsy
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
 (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 Left Allen (M. D. or other)
 Address Independence, Mo. Date signed 11-10-41

EMERAL RECORD

APR 1947

EMERAL 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.....
....., 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 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

State File No. **35165**

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(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)

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 _____

3. (a) PRINT FULL NAME

Lena M. Rummel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 8

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

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

8. AGE: Years 80 Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

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

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV 1941 year. hour _____ minute _____ M.

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

Name and cause of death: Cerebral hemorrhage
Due to _____
Due to _____

Other conditions: Fracture of hip
(Include pregnancy within 3 months of death)

Major findings: 186a
Of operations _____
Of autopsy _____

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) accident

(b) Date of occurrence July 6, 1941

(c) Where did injury occur? Independence, Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? fell from front steps of her home
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Allen (M, D. or other) _____

Address Independence Mo. Date signed 12-10-41

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

SUPPLEMENTARY

