

37638

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942

Registration District No. 241

Primary Registration District No. 5829

Registrar's No. 34

1. PLACE OF DEATH

(a) County New Madrid Co

(b) City or town Portage
(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 2 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

(c) City or town Portage
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Francis M. Rumanant

3. (b) If veteran, name war ✓

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1942 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 23 1942 to Nov 23 1942
that I last saw him alive on Nov 23 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased 7-22-1871
(Month) (Day) (Year)

Immediate cause of death Bronchio pneumonia Duration 5da

Due to Influenza 3da

8. AGE: Years 71 Months 4 Days 1
If less than one day hr. min.

9. Birthplace New Co Tenn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 32a

Major findings: Of operations 32a

10. Usual occupation day labor

11. Industry or business John Rumanant

12. Name John Rumanant

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

14. Maiden name Sarah Vaughn

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

Of autopsy 32a

22. If death was due to external causes, fill in the following:

16. (a) Informant Wanda A. Bryant

(b) Address Portageville MO

17. (a) (Burial, cremation, or removal) Portageville MO

(b) Date thereof 1-24-42
(Month) (Day) (Year)

(c) Place: burial or cremation Portageville MO

18. (a) Signature of Funeral director W. S. Smith

(b) Address Portageville MO

19. (a) Dec 1-1942 (b) Edith Laurent
(Date received local registrar) (Registrar's signature)

(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?
(Specify type of place)

While at work? (e) Means of injury.....

23. Signature John J. Killian (M. D. or other)
Address Portageville MO Date signed 1-24-42

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

72
80
0

1187

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 1242-148

Date Filed 12-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed H. Smith
Licensed Embalmer No. 3900

P. O. Address _____

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.

STANDARD CERTIFICATE OF DEATH

State File No. 37638

Registration District No. 241

Primary Registration District No. 5829

Registrar's No. 34

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town 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 _____ 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 Francis M Dumavant

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, widowed

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

7. Birth date of deceased July 22 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (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)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec 1 - 42 (b) Edith Laurent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1942 hour _____ minute _____ M.

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

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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 _____

(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 _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

