S. No. 2
1—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7287

Registration District No. 280 | Primary Registration District No. 4423 | Registrar's No. 2

83 / 0

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: Weston, Missouri
(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: no (Specify whether years, months or days)
In this community: entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte
(c) City or town: Weston
(If outside city or town limits, write "RURAL")
(d) Street No.: /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

83 / 0

3. (a) PRINT FULL NAME: Marie J. Rumple Sebus
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: female | 5. Color or race: white | 6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: George Sebus
6. (c) Age of husband or wife if alive: 15 years
7. Birth date of deceased: Dec. (Month) 15 (Day) 1869 (Year)

8. AGE: 73 Years | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace: Weston (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: Wunibald Rumple
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Josiphene unknown
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Edwin Sebus
(b) Address: Weston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 31/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Laural Hill Cem.
18. (a) Signature of funeral director: W.R. Vaughn
(b) Address: Weston, Missouri
19. (a) 1-31-43 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 29 year: 1943 hour: 8 minute: 30 P.M.
21. I hereby certify that I attended the deceased from Dec 3 1941, to Jan 29 1943 that I last saw her alive on Jan 29 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Acute	10 days
Due to: Broncopneumonia	10 days
Due to: Locomotor ataxia	4 yrs
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: No.

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): None
(b) Date of occurrence:
(c) Where did injury occur? None (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? No (e) Means of injury?

23. Signature: R. J. Pelling (M.D. or other) D.O.
Address: Weston Date signed: 2/3/43

1229 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte County

District File Number 3-43-27

Date Filed 3-1-43

APR 6 1959

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston Mo.

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.