

No. 2  
-542  
5-17-39  
X32875

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34033

State File No. ....

Registrar's No. 136

FILED NOV 5 1943

Registration District No. ....

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Mexico General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 326 W. Robinson St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Floyd Finley Stumpf

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. ....

7. Birth date of deceased September 5, 1929 years  
(Month) (Day) (Year)

|         |       |        |      |                      |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
|         | 14    | X      | 27   | hr. min.             |

9. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Mexico High School

12. Name Finley Stumpf

13. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Zada Irene Bassett

15. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Finley Stumpf  
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Oct. 4, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Tal E. Pruitt  
(b) Address Mexico, Missouri

19. (a) 10/4/43 (b) Margaret H Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3  
year 1943 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 2, 1943 to Oct 3, 1943  
that I last saw him alive on Oct 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiration of lacerant-parturition & decumb + also in sigmoid - General peritonitis

Due to Congenital Diverticulum

Other conditions: 157 m  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: Perforation in sigmoid - Cecum

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? .....

23. Signature R. H. Van ... (Specify type of place) (M. D. or other) DO  
Address Mexico Mo Date signed 10/4/43

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

MOTHER FATHER

1674

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-43-1721

Date Filed NOV 3 1943

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.....

Earl E. Precht

Registered Apprentice No. ....

working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.