S. No. 2
M—8-43
y. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 1757

Registrar's No. 35

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6050 King Hill Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: two months (Specify whether years, months or days)
In this community: two months /

2. USUAL RESIDENCE OF DECEASED:
(a) State: ~~Missouri~~ Alabama (b) County: ? 990
(c) City or town: Birmingham /
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Martha Ann Rumsey
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ira V.
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: January (Month) 10, (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
62	0	3	hr. min.

9. Birthplace: Toccoa, (City, town, or county) Georgia / (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: Home
12. Name of father: William Holmes
13. Birthplace of father: Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name of mother: Sarah Collins
15. Birthplace of mother: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: John H. Rumsey (Son)
(b) Address: 6050 King Hill Ave., City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Toccoa, Georgia
18. (a) Signature of funeral director: John C. Rupp
(b) Address: 6054 Pryor Ave., City
19. (a) 1-13-45 (Date received local registrar) (b) Theo. A. Kehle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13, year 1945 hour 6 minute 55 A. M.
21. I hereby certify that I attended the deceased from Jan 9, 45, 19..., to Jan 13, 1945 that I last saw h. alive on Jan 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to: Essential Hypertension ?	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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)
(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: B. M. Riley M.D. (M. D. Coroner)
Address: 6207 King Hill Date signed: 1-13-45
St Joseph, Mo

10 77

(Licensed Embalmer's Statement on Reverse Side)

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, ...

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

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.