

FILED MAY 14 1945

Registration District No. 7

Primary Registration District No. 8093

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rual, Louvre Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #1, Benton City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Rual, Mo. C 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. #1, Benton City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John H. Stumpf

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Stumpf 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased February 19, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Stumpf
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Anna Erb
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Stumpf
(b) Address Benton City, Mo.

17. (a) Burial (b) Date thereof April 30, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Earl E. Pugh
(b) Address Mexico, Mo.

19. (a) 4/29/45 (b) Mary C. Jacob
(Date received by registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27
year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 10, 1944, to Apr. 26, 1945
that I last saw him alive on Apr 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 8 mo.
Due to Foci of Infection 10 yr.

Due to _____

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

Major findings: Of operations ASD
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 W B Baigh (M. D. or other) DD
Address La Donna, Mo. Date signed 4/29/45

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

RECEIVED

District Health Officer No. 10

District File Number 5-45-861

Date Filed MAY 1-1 1945

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.