S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1946

Registration District No. 274 Primary Registration District No. 3052

Carlisle 14051

State File No.

Registrar's No. 126

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: 234 So. STEWART
(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 Mo (b) County PETTIS 80

(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")

(d) Street No. 234 So STEWART 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JAMES Wm RUMSEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ELLEN

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

7. Birth date of deceased FEB. (Month) 15 (Day) 1868 (Year)

8. AGE: Years 78 Months 2 Days 4 If less than one day hr. min.

9. Birthplace PETTIS Co. (City, town, or county) Mo (State or foreign country) U

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name ELIJAH RUMSEY
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SUSAN RAMEY
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant MARIE RUMSEY

(b) Address SEDALIA. Mo.

17. (a) BURIALIA (Burial, cremation, or removal) (b) Date thereof 4-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation MT. HERMAN

18. (a) Signature of funeral director Geo Dillard

(b) Address SEDALIA

19. (a) 4/23/46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 19 year 1946 hour 7 minute 10 P M.

21. I hereby certify that I attended the deceased from Over 15 years, 19 , to April 19, 1946; that I last saw him alive on April 18, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	10 years
Due to: Angina Pectoris	Few minutes
Due to: Arteriosclerosis	10 years
Due to: Senility	10 years

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

93d

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) No

(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? None (Specify type of place)

While at work? (e) Means of injury

23. Signature Jno B. Carlisle M.D. (M. D. or other) U

Address Sedalia Mo Date signed 4-23-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-14-46

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Dedalia

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.