

DEPARTMENT OF COMMERCE. STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

20941

State File No. _____
Registrar's No. 119

Registration District No. 206 Primary Registration District No. 3042

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Federicktown mo
(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 _____ (Specify whether)
In this community 17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Madison
(c) City or town Federicktown mo
(If outside city or town limits, write "RURAL")
(d) Street No. 110 S wood. (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John B. Dumph
3. (b) If veteran, ✓ name war _____
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6 year 1946 hour _____ minute 2:45 P.
21. I hereby certify that I attended the deceased from Apr 2 to July 6 1946
that I last saw him alive on May 6 1946
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 7
6. (b) Name of husband or wife EMMA DUMPHY 6. (c) Age of husband or wife if alive 20 years (Day) (Year)

Immediate cause of death Bradycardia unknown
Duration _____

8. AGE: Years 88 Months 8 Days 16 If less than one day hr. _____ min. _____

Due to unknown questionable brain tumor?
Due to _____

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9
10. Usual occupation merchant

Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 57d

11. Industry or business _____
MOTHER FATHER { 12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant A. S. Schulte
(b) Address 110 S wood Federicktown
17. (a) Burial (b) Date thereof 5-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director W. S. Selt
(b) Address Federicktown mo
19. (a) 5-4-1946 (b) Florence Dick
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. C. Langhans (M. D. or other) _____
Address 135 W. Main Federicktown Date signed 5-7-46

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

RECEIVED

District Health Officer No. 4

District File Number 746-2278

Date Filed 7-6-46

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, by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, Md.

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.