

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **481**

**FILED FEB 4 1947**  
Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **204**

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

**1. PLACE OF DEATH:**

(a) County **Cape Girardeau**

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

(c) Name of hospital or institution:  
**921 N. Middle St.**  
(If not in hospital or institution, write street number or location)

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

In this community **life** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Lydia Rumels**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **-----**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Frank Rumels** 6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **December 12, 1865**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day               |
|---------|-----------|----------|-----------|------------------------------------|
|         | <b>81</b> | <b>1</b> | <b>13</b> | hr. <b>-----</b> min. <b>-----</b> |

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

10. Usual occupation **Housewife**

11. Industry or business **-----**

**MOTHER** { 12. Name **Lewis Ellis Rumels**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Missouri Moore**

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

16. (a) Informant **Mrs. Mary E. Dean**

(b) Address **921 N. Middle, Cape Girardeau, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 30, 47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**

(b) Address **Cape Girardeau, Mo.**

19. (a) **1-30-1947** (Date received local certifier) (b) **G. G. Summers** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Cape Girardeau**

(c) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")

(d) Street No. **921 N. Middle St.**  
(If rural, give location)

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

If yes, name country **-----**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month **January** day **25**  
year **1947** hour **9:** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **7-11-1946** to **1-24-1947**  
that I last saw her alive on **1-24-1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease & Left Hemiplegia**

Due to **arteriosclerosis**

Other conditions **-----**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **930**

Of autopsy **-----**

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) (c) Means of injury **-----**

23. Signature **W. A. Lingal** (M. D. or other)  
Address **204 S. Court St. Charleston, Mo.** (City or town) (State)

Duration

**6 months**

**10 months**

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4

File Number 247-184

Date Filed 2-3-47

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 *Frank Sparks*

Licensed Embalmer No. 3455

P. O. Address *Cape Girardeau 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.