

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

4083

State File No. _____

Registration District No. 42

Primary Registration District No. 5123

Registrar's No. 200

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
R.R. #4 St. Joseph, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not (Specify whether)

In this community 66 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R.R.P#4 St. Joseph, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Martha Rumpf

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th
year 1948 hour 8 minute 00 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Rumpf

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 18 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21, 1946 to February 14, 1948
that I last saw her alive on February 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____

8. AGE: Years Months Days If less than one day

<input checked="" type="checkbox"/>	<u>78</u>	<u>3</u>	<u>27</u>	hr. _____ min.
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Due to Chronic myocarditis 2 yrs.

Due to Chronic myocarditis 2 yrs.

9. Birthplace Saxony Germany
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name August Reisman

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

14. Maiden name Christine Seifert

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Herbert Rumpf

(b) Address R.R. #4 St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-18-48 (b) L. B. Jenkins
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature E. Handler (M.D. or other) M.D.

Address 311 Phys & Surgeons Date signed 2-16-48

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 4413 Missouri

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.