

FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33779
Registrar's No. 263

Registration District No. 274

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Whitaker Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 217 Collins
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Clarence F. 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 Married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 22nd 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 1 hr. min.

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

10. Usual occupation Owner Grocery Store

11. Industry or business

12. Name Charles H. Rumsey
13. Birthplace NY
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Wright
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Rumsey
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof 10-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Moham and Sen
(b) Address Moberly Mo

19. (a) Oct 24 1948 (b) Leah Williams
(Date received local registrar) (Registrar's signature) 269

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd
year 1948 hour 8 minute a.m.

21. I hereby certify that I attended the deceased from 10-20-48, 19____, to 10-23-48, 19____;
that I last saw him alive on 10-23-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 132
Of autopsy _____
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 2

23. Signature E. T. Whitaker (M. D. or other) Dr.
Address Moberly, Mo Date signed 10-24-48

RECEIVED

District Health Officer No. 10

District File Number 11-48-1885

Date Filed NOV 3 - 1948

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 S. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.