

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4648**

BIRTH NO. _____		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>3021</b>		Registrar's No. <b>209</b>			
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>Grundy</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRENTON</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRENTON</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>William</b>				d. STREET ADDRESS (If rural, give location) <b>1416 Chesnut</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Rudolph</b> c. (Last) <b>DUMMER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 15, 1949</b>						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 27, 1864</b>			
9. AGE (In years last birthday) <b>84</b>		10. MONTHS <b>6</b>		11. YEARS <b>18</b>		12. HOURS <b>1</b> MIN. <b>15</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Butcher Shop</b>		11. BIRTHPLACE (State or foreign country) <b>Ottumwa Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Augustus Dummer</b>			13b. MOTHER'S MAIDEN NAME <b>MARY</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Russell Dummer</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edna E Bacon</b> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>				ANTECEDENT CAUSES					
*Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Cancer of Throat</b>					
DUE TO (c) <b>Hemorrhage</b>									
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <b>1948</b>		19b. MAJOR FINDINGS OF OPERATION <b>Biopsy + Radium treatment at Ellis Base Hospital</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Jan - 1948</b> to <b>2-15-1949</b> , that I last saw the deceased alive on <b>2-13-1949</b> and that death occurred at <b>12 noon</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>Wm A. J. ...</b> (Degree or title)				23b. ADDRESS <b>Trenton Mo</b>		23c. DATE SIGNED <b>2-16-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 17, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Feb 16 - 1949</b>		REGISTRAR'S SIGNATURE <b>Irene Fair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ronald A. Dume</b> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

*Rollin L. Richardson*

Student Embalmer No. *271*

working under my personal supervision.

Signed *Rollin L. Richardson*  
Student Embalmer

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Leventon, 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.