

0013

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Adair</i>	
b. CITY OR TOWN <i>Kirksville</i>		c. CITY OR TOWN <i>Kirksville</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>712-N-High</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home 712-N-High</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Albert</i> b. (Middle) <i>(N)</i> c. (Last) <i>Rummerfield</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 4, 1950</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>April 8, 1860</i>		9. AGE (In years last birthday) <i>89</i>		10. UNDER 1 YEAR Months Days 11. UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>		11. BIRTHPLACE (State or foreign country) <i>Illinois</i>	
				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Frank Rummerfield</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah King</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Rummerfield</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Perry Rummerfield, Alameda, Calif.</i>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Respiratory embarrassment</i>			INTERVAL BETWEEN ONSET AND DEATH <i>hrs</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <i>Basal Obstruction</i> DUE TO (c) <i>Strangulated hernia</i>			<i>Days</i>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>			<i>Wk + 1/2</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>			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) <i>5615</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 *Dec 27, 1949*, to *Jan 4, 1950*, that I last saw the deceased alive on *Jan 4, 1950*, and that death occurred at *3:55 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Marvin J. Yonson D.D.</i>		23b. ADDRESS <i>606 E McPherson</i>		23c. DATE SIGNED <i>1/4/50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-6-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wilmathville Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Wilmathville, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>1-6-50</i>		REGISTRAR'S SIGNATURE <i>Kate Lambert</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Robert B. Davis Kirksville, Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 12 1950
District Health Officer No. 10
District File Number 1-50-103
Date Filed JAN 12 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.