

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
1420

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>101 Morningside DR.</u>			Length of stay in hospital <u>12 years</u>		d. STREET ADDRESS <u>101 Morningside DR.</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <u>Bertha Elizabeth Sophia Rumpf</u>				4. DATE OF DEATH Month <u>JANUARY</u> Day <u>8</u> Year <u>1957</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JANUARY 13, 1879</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>New Douglas Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13. FATHER'S NAME <u>Paul Douglas</u>					14. MOTHER'S MAIDEN NAME <u>Magdalena Ehrhart</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>MRS FRANK SENKOSKY 101 Morningside</u> Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal broncho pneumonia</u>										INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Terminal widespread Carcinoma of cervix & metastasis</u>		
DUE TO (c) _____										171X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <u>12-28-56</u> to <u>1-8-57</u> and last saw ^{her} him alive on <u>1-7-57</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <u>Frank H. Hodgson</u> (Type or print)					22b. ADDRESS <u>4301 Main</u>				22c. DATE SIGNED <u>1-8-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JAN 10, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>				
24. FUNERAL DIRECTOR <u>Muehlebach</u>			ADDRESS <u>6800 Troost</u>			25. DATE RECD. BY LOCAL REG. <u>1-10-57</u>		26. REGISTRAR'S SIGNATURE <u>neva mindall</u>				

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank H. Hodgson

MEDICAL CERTIFICATION

Nov 33 1933

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
Signature of Student Embalmer

Signed *Richard E. Nichols*

Licensed Embalmer No. *497*

P. O. Address *6510 Tracy
Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.