

5-17-39
X26990

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

State File No.

Registrar's No. 13

Registration District No. 384

Primary Registration District No. 4227

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (If County, Atchison)

(c) City or town West Plains 46
(If outside city or town limits, write "RURAL")

(d) Street No. 404 E Olden
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marion N. Sumner

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-16-1941 to 11-21-1941
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Wanda Sumner

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec 15-1861
(Month) (Day) (Year)

that I last saw h. no alive on 11-19-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic general Atherosclerosis

Due to _____

Due to 93d

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

8. AGE: 79 Years 11 Months 6 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Osmond Sumner

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

14. Maiden name Wanda L. Sprague

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

16. (a) Informant Nora Sumner

(b) Address West Plains, Mo

17. (a) B- (b) Date thereof 11-23-41
(RURAL, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Capt. Kohnen

18. (a) Signature of funeral director Wanda Sumner

(b) Address West Plains, Mo

19. (a) Jan 26-42 (b) Wanda Sumner
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature E. C. Bohrer (M. D. or other) Mo.

Address West Plains, Mo Date signed 11-27-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Bohrer

RECEIVED

District Health Officer No. 5,

District File Number 442360

Date Filed 7-20-40

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 [Signature]

Licensed Embalmer No. 3432

P. O. Address [Signature]

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.