

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11708

Registration District No. 273

Primary Registration District No. 5914

Registrar's No. 28

1. PLACE OF DEATH: Perry

(a) County Rural (b) City or town Brazeau
(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 82 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural Brazeau
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Robert Sumrow

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1944 hour 8 minute 45P M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chloe Sumrow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 22 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 24 1944 to March 30 1944
that I last saw him alive on March 28 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 10 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Myocarditis Chronic Duration 1 year

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

Due to Atherosclerosis, General

Due to _____

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin G. Sumrow

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Margarete McKnight

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joseph Lybarger

(b) Address Brazeau, Mo.

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? _____

17. (a) Burial (b) Date thereof 4-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brazeau Mo.

While at work _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 4-1-44 (b) Thos J. Elder
(Date received local registrar) (Registrar's signature)

23. Signature Theodore Fischer (M. D. or other) M.D.

Address Altamont, Mo. Date signed 4-1-44

1526

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

RECEIVED

District Health Officer No. 74

District File Number 444-36

Date Filed 4-11-44

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 *Walter Young*

Licensed Embalmer No. 4027

P. O. Address *Perryville 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.