

FILED MAY 26 1947

Registration District No. **136**

Primary Registration District No. **2501**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1513 Hill St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **5 years** (years, months or days)

3. (a) PRINT FULL NAME **Ted H. Sumners**

3. (b) If veteran, name was **World War # 2** 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**

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

7. Birth date of deceased **April 21 1905**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 0 19 hr. min.

9. Birthplace **Aurora Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **mechanic**

12. Name **Jack M. Sumners**

13. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

14. Maiden name **Emma Griffith**

15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Emma Griffith**

(b) Address **Joplin, Missouri**

17. (a) **Burial** (b) Date thereof **May 13-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osark Memorial Park**

18. (a) Signature of funeral director **Thornhill-Dillon**

(b) Address **Joplin, Missouri**

19. (a) **5-14-47** (b) **Calous Lampkins**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1513 Hill St**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
 year **1947** hour **1** minute **45** p. M.

21. I hereby certify that I attended the deceased from **Jan 1947**
2 1947, to **May 10 1947**
 that I last saw him alive on **May 10 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart & Respiratory failure**
Bronchiectasis
 Due to _____
 Due to _____

Duration

4 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **106 B**

Of autopsy _____

PHYSICIAN

* Underline the cause to which death should be charged statistically.

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)
 (c) Means of injury **2**
 Signature **W. H. Humber, D.O.** (other) _____
 Address **Joplin** Date signed **5/12/47**

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

0-2
1-45
7-39
K47070

47-5 - 461

MAY 19 1948

1-0-0-0

JUN 3 1947

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 *Charles M. King*
Licensed Embalmer No. *3566*

P. O. Address *Joplin Missouri*

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.