

REC'D APR 22 1938.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12226
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 806
(b) Township Prarie Primary Registration District No. 4485
(c) City Queen City MO (d) Street No. _____ Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Helen Pauline Sumpter 513
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City MO

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Ople Sumpter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City MO

17. INFORMANT (ADDRESS) Ople Sumpter Queen City MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City Cem DATE Mar 29 38

19. FUNERAL DIRECTOR (ADDRESS) Wm A West Queen City MO

20. FILED 3-29-38 O. Jones Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 28 1938, to Mar 28 1938

I last saw her alive on Mar 28 1938 Death is said

to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset Mar 22

Other contributory causes of importance: Measles

Mar 12

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 2:20 P. M. Snow 3 DO

(Signed) _____

(Address) Queen City MO

718

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)