

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15074

State File No.

Registration District No. 398Primary Registration District No. 3019Registrar's No. 122

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
905 So. Delaware
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Bettrude Sumner8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex Female 6. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 10 years7. Birth date of deceased June 10 1856
(Month) (Day) (Year)8. AGE: Years 83 Months 10 Days 14 If less than one day hr. min.9. Birthplace Franklin Co., Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation at home11. Industry or business ✓12. Name Jefferson Dunbow13. Birthplace Charlestown, D.C.
(City, town, or county) (State or foreign country)14. Maiden name Richard Schultz15. Birthplace South Carbon
(City, town, or county) (State or foreign country)16. (a) Informant Henry M. Sumner(b) Address 3008 OSAKE17. (a) Burial (b) Date thereof 4 26 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Grand Grove18. (a) Signature of funeral director George C. Cannon(b) Address Independence Mo.19. (a) April 26 40 (b) F. L. Book
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
 (c) City or town Independence
 (If outside city or town limits, write "RURAL")
 (d) Street No. 905 So. Delaware
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 24 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
year 1940 hour 11:50 minute A. M.21. I hereby certify that I attended the deceased from 10-19-32
10-19 1932 to Apr 24 1940
that I last saw her alive on Apr 24 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis with coronary sclerosis (3) years

Due to _____

Due to 93COther conditions ✓
(Include pregnancy within 3 months of death)Major findings: 1 Of operationsOf autopsy 1

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? 360While at work? ✓ (Specify type of place) (e) Means of injury 123. Signature Curleeb. Johnson (M. D. or other) MDAddress Independence Mo. Date signed 4-26-40

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

MOTHER FATHER

Division

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

Raymond N. Martin

Registered Apprentice No. *199*

working under my personal supervision.

Signed.....

Frank Dick

Licensed Embalmer No. *2467*

P. O. Address *Indiantown, 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, above space should be left blank.