

Registration District No. **791**

Primary Registration District No. **1003**

I. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of _____)
(c) Name of hospital or institution:
Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

FILED DEC 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL") **NR**
(d) Street No. **1705 S. Mervin**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **3**
year **40** hour **4** minute **40** P. M.
21. I hereby certify that I attended the deceased from **11-3-40 (8:00 AM)**
to **11-3-40 (4:00 PM)**, 19____;
that I last saw him alive on **11-3-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Diabetic Coma
Due to _____
diabetes mellitus (uncontrolled)
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **M. D. Hoppe** (M. D. or other) **MD**
Address **72nd Pac Hosp** Date signed **11-3-40**

3. (a) PRINT FULL NAME **DAVID THOS. SUMNER**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **702-16-1590**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mabel** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Aug. 30 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 2 3 hr. min.

9. Birthplace **Locksven Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Metal Worker**

11. Industry or business **Mo. Pac. R.R.**

12. Name **Unknown Summer**

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

14. Maiden name **Sarah Betliff**

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

16. (a) Informant **Mrs. Mabel Summer**

(b) Address **Sedalia, Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **11/4/40**
(Month) (Day) (Year)
(c) Place: burial or cremation **Sedalia, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **NOV 4 1940** (Date received local registrar) (b) **J. F. [Signature]** (Embalmer's Signature)

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

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address

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.