

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12401

State File No.

Registration District No. 904Primary Registration District No. 6215

Registrar's No.

1. PLACE OF DEATH:

- (a) County Worth
(b) City or town Rural, Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 10 yrs.
years, months or days)

3. (a) PRINT

FULL NAME DANIEL WEBSTER SUMY

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex
- M

5. Color or
-
- race
- W

6. (a) Single, widowed, married,
-
- divorced
- married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
-
- alive
- 72
- years

7. Birth date of deceased
- June
-
- (Month)

- 15
- 1865
-
- (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

75816

hr min.

9. Birthplace

Uniontown
(City, town, or county)Penn
(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

farmer

12. Name

Chancy Sumy

13. Birthplace

Uniontown
(City, town, or county) (State or foreign country)

14. Maiden name

Mary Wilson

15. Birthplace

Uniontown
(City, town, or county) (State or foreign country)

16. (a) Informant

Chancy Sumy

(b) Address

Sherridan, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

- (b) Date thereof
- 3-19-41
-
- (Month) (Day) (Year)

(c) Place: burial or cremation

Uniontown

18. (a) Signature of funeral director

Arch C. Dwyer

(b) Address

Grand City, Mo.

19. (a)

Mar. 19-1941
(Date received local registrar)

- (b)
- Wm C. H. Bord
-
- (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Worth
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sherridan
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- 3
- day
- 18
-
- year
- 1941
- hour
- 11
- minute
- 30
- AM.

21. I hereby certify that I attended the deceased from
- 3-14-41
-
- to
- 3-18
- , 19
- 41
- ;
-
- that I last saw him alive on
- 3-18
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

neurovascular
neurovascular

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

5 days

PHYSICIAN

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

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) V
(b) Date of occurrence V
(c) Where did injury occur? V
(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

Wm C. H. Bord (M. D. or other) 0
Address Grand City, Mo. Date signed 3-19-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Arch C. Dingle

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.