No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 14 1942

Registration District No. 198

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3011

State File No. 41597

Registrar's No. 181

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 92 days (Specify whether years, months or days)

In this community 92 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Rural, Liberty, Missouri. (If outside city or town limits, write "RURAL")

(d) Street No.: Route #2 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: SUMPTER, William H.

3. (b) If veteran, name war: World

3. (c) Social Security No.: Not remembered

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of husband or wife: Jennie Sumpter

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: November 1, 1897 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	1	9	hr. min.

9. Birthplace: Boise City, Idaho. (City, town, or county) (State or foreign country)

10. Usual occupation: Truck Driver.

11. Industry or business: Trucking.

FATHER
12. Name: John Sumpter
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ruth Ray
15. Birthplace: Iowa. (City, town, or county) (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration;
(b) Address: Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty, Mo.

18. (a) Signature of funeral director: Claude Prichard, Undertaker
(b) Address: Excelsior Springs, Mo.

19. (a) 12/12/41 (Date received by local registrar) (b) McDee McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th year 1941 hour 10:35 minute P. M.

21. I hereby certify that I attended the deceased from September 9, 1941, to December 10, 1941, that I last saw him alive on December 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic disease of the heart with mitral stenosis, myocardial fibrosis and auricular fibrillation, Class 3. — Duration

Due to: Mesentery thrombosis — 28 hrs.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: As shown above.

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? -- (Specify type of place)
While at work? (e) Means of injury:

23. Signature: E. A. HEICH, M.D. (M. D. or other)
Address: Veterans Administration, Excelsior Springs, Mo. Date signed 12-11-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 4-43-42
Date Filed

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.