

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21373**

Registration District No. **386**

Primary Registration District No. **5538**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**  
 (a) County Newell Benton Twp  
 (b) City or town Canfield Mo (Rural)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 63 yrs - (Specify whether)  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Newell  
 (c) City or town Rural Benton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** AARON COLUMBUS SUMNER  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married 2 divorced widowed  
 6. (b) Name of husband or wife Martha Caroline Sumner 6. (c) Age of husband or wife if alive Dead years  
 7. Birth date of deceased 12 20 1855  
 (Month) (Day) (Year)

**8. AGE:** Years 85 Months 11 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kentucky (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Green Sumner  
 13. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 14. Maiden name unknown  
 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Ettie Story

(b) Address Canfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1941 (Month) (Day) (Year)

(c) Place of burial or cremation Fowler

18. (a) Signature of funeral director H. E. Marler

(b) Address Fairview, Mo.

19. (a) 8-19-41 (Date received local registrar) (b) Vida W. SIMONS (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Dec day 16  
 year 1941 hour 11 minute 10 a. M.  
 21. I hereby certify that I attended the deceased from April  
1 1941 to Dec 16 1941  
 that I last saw him alive on Dec 15 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 131a  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature E. A. Beach (M. D. or other) \_\_\_\_\_  
 Address Elijah Ind Date signed 12-15-41

~~1940 23 48~~  
~~1941 12 18~~  
~~1855 12 20~~  
~~85 11 28~~

~~1940 23 46~~  
~~1941 12 16~~  
~~1855 12 28~~  
85-11-26

RECEIVED  
Director Health Officer No. 5  
142345  
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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 Denver Roller  
Licensed Embalmer No. 4006  
P. O. Address ava, 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.