

FILED DEC 8 1943  
Registration District No. **8/1943**

Primary Registration District No. **5564**

Registrar's No. **15**

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

1. PLACE OF DEATH:

(a) County **Iron**

(b) City or town **Rural; Dent Jimp**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3 miles S.W. of Banner**  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3 miles S.W. of Banner**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Samuel Washington Sumpter**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Lydia Sumpter**

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

7. Birth date of deceased **May 12 1866**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>77</b>	<b>6</b>	<b>9</b>	hr. min.

9. Birthplace **Iron County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired Farmer**

11. Industry or business

MOTHER FATHER {

12. Name **Unknown**

13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** **9**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jess Crocker**

(b) Address **Black Missouri**

17. (a) **burial** (b) Date thereof **11-22-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oates Missouri**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **R. F. White Ironton Mo.**

19. (a) **11/30/43** (b) **Mrs J. C. Ruckess**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **21**  
Year **1943** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **July 6th** 19**43** to **Nov. 21** 19**43**  
that I last saw him alive on **Nov 20** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac failure** **11/24/43**

Due to **Chronic myocarditis?**

Due to **Chronic nephritis?**

Other conditions **Senility**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **1318**

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 **R. E. Harland** **Om. 12.**  
(M. D. or other)

Address **Ironton, Mo.** Date signed **11/30/43**

RECEIVED

District Health Officer No. 4  
District File Number 1243-2999  
Date Filed 12-7-43

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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 Amel White

Licensed Embalmer No. 3012

P. O. Address Amston, N.C.

**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.**