

FILED FEB 9 1944
275

Registration District No. _____

Primary Registration District No. 3053

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McFarland Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution week
(Specify whether years, months or days)
In this community week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Raphel Sylvester Sumpter

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife infant 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Jan 15 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 10 29 hr. min.

9. Birthplace Bunker Dent Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business X

MOTHER FATHER {
12. Name Earl Sumpter
13. Birthplace Bixby Mo
(City, town, or county) (State or foreign country)
14. Maiden name Naomi Radford
15. Birthplace Reynolds Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Marvin Sumpter

(b) Address Salem Mo

17. (a) burial (b) Date thereof 1/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dillard Cem

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 1-3-1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1944 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 25
1943 to Jan 1 1944
that I last saw her alive on Jan 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

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 [Signature] (M. D. or other)
Address Rolla, Mo.

Date signed 1-1-1944

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 Carl H. Jensen
Licensed Embalmer No. 370
P. O. Address Salmon, 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.