S. No. 2
M—8-43
. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41781

FILED DEC 29 1945

Registration District No. 198 Primary Registration District No. 4310 Registrar's No. 77

1/6

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Bevier
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mo 61
(c) City or town Bevier Mo
(If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Robert Alexander Sumptner
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Sarah F Sumptner
6. (c) Age of ~~husband~~ or wife if alive 77 years
7. Birth date of deceased 12 (Month) - 19 (Day) - 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
76	10	17	— hr. — min.

9. Birthplace Woodville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer (Retired)
11. Industry or business
FATHER
12. Name Wm A. Sumptner
13. Birthplace ~~Macon~~ (City, town, or county) Mo U (State or foreign country)
MOTHER
14. Maiden name Amanda Jones
15. Birthplace ~~Sarah Sum~~ (City, town, or county) Mo U (State or foreign country)
16. (a) Informant Sarah Sumptner
(b) Address Bevier Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Bethlehem Cem.
18. (a) Signature of funeral director W. S. Edwards
(b) Address Bevier Mo
19. (a) 11-9-45 (Date received local registrar) (b) Winnie J. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6 year 1945 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Oct. 29, 1945 to Nov. 6, 1945 that I last saw him alive on Nov. 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	9 days
Due to Arteriosclerosis	
Hypertension	
Due to	
Other conditions Cardiac (mitral lesion) (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J. E. L. Wendlandt (M.D. or other) DO
Address Bevier, Mo Date signed 11/8/45

1289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 18
District File Number 12-45-1837
Date Filed DEC 20 1945

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 W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.