

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34360
Registrar's No. 396

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
201 E. Saline
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Since 1940
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 201 E. Saline
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phillip Thomas Sumners

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cordelia Sumners 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased November 22 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 18 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired Minister

11. Industry or business _____

12. Name Benjamin Sumners

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Scott

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

16. (a) Informant Rev. J. R. Sumners

(b) Address Miami, Missouri

17. (a) Burial (b) Date thereof Oct. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 10-12-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1946 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from January 1946 to Oct 10 1946 that I last saw him alive on Oct 7 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Cerebral Hemorrhage

Due to Thromboplegia of left side

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

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address Sedalia Date signed 10/11/46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-19-46

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 K. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Seaside 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.