

No. 2  
42-45  
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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 20 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Simpson* 84986  
State File No. \_\_\_\_\_  
Registrar's No. 78

Registration District No. 184

Primary Registration District No. 3038

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 532 Market 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Linn 58  
(c) City or town Brookfield 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 532 Market 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 8  
year 1947 hour 11 minute 45 A.M.

4. Sex Mo 5. Color or race R 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Mary Ann Sumner 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Jan - 11 - 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 27 1947 to Oct 8 1947  
that I last saw him alive on Oct 7 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral hemorrhage Duration 11 days

8. AGE: Years 70 Months 8 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Hyper tension & arteriosclerosis 10 yrs

9. Birthplace Brookfield Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

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

12. Name George M. Sumner

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

14. Maiden name Nancy Ellen Moore

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

16. (a) Informant Mary Ann Sumner

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Oct 11 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Still Funeral Home

(b) Address Brookfield Mo

19. (a) 10-10-47 (b) Walter B. Erwin  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. B. Simpson (D. or other) Dr.

Address Brookfield Date signed 10-9-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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

*J. B. Blacklock*

Licensed Embalmer No.

*2246*

P. O. Address

*Brookfield 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.