S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Allen —

State File No. 40703

Registration District No. 358

Primary Registration District No. 6215

Registrar's No. 31

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town 3½ MI South - Rich Hill Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — Osage Twp 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 75 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo — (b) County VERNON

(c) City or town 3½ M. South - Rich Hill Mo (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? — No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME OSCAR DEAN CUMPTON

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Nov. (Month) 30 (Day) 1860 (Year)

8. AGE: Years 86 | Months 11 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Auburn Co. (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business —

FATHER
12. Name JOHN CUMPTON
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace ✓ (City, town, or county) (State or foreign country)

16. (a) Informant MRS. JACK MILLER

(b) Address RICH HILL MO Rt 3

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)

(c) Place: burial or cremation Carbon Center Cem.

18. (a) Signature of funeral director Booths

(b) Address Rich Hill Mo

19. (a) Nov 18 - 1947 (Date received local registrar) (b) Mrs Sarah E Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month NOV day 16 year 1947 hour 11 minute 43 a.M.

21. I hereby certify that I attended the deceased from Oct 20 1947 to Nov 16 1947 that I last saw him alive on Nov 4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to .....

Due to .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] M.D. or other

Address Rich Hill Mo Date signed Nov 18 47

(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth H. Rook, Registered Apprentice No. 471, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.