No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9283

FILED APR 6 1948

Registration District No. 3 Primary Registration District No. 5655 Registrar's No. 19

**1. PLACE OF DEATH:**

(a) County Lawrence

(b) City or town Mount Vernon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 154 days (Specify whether In this community 154 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Adair 1

(c) City or town Kirksville 3 (If outside city or town limits, write "RURAL")

(d) Street No. 606 South First 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Lloyd Raymond Sumpter

3. (b) If veteran, name war no

3. (c) Social Security No. 702-18-9403

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 17 (Day) 1914 (Year)

8. AGE: Years 33 Months 4 Days 15 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Trucking

11. Industry or business

FATHER
12. Name John Owen Sumpter
13. Birthplace Portis (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Nora Myrtle Gordner
15. Birthplace Queen City (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 1 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville

18. (a) Signature of funeral director Herman H. Lohmeyer

(b) Address 500 E. Walnut, Springfield Mo

19. (a) 2/17/48 (Date received local registrar) (b) [signature] (Registrar's signature) 15 9

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 1 year 1948 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from September 1, 1947 to February 1, 1948 that I last saw him alive on February 1, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pulmonary tuberculosis | over 1 yr. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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 0

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

Address Mo. State San., Mount Vernon, Mo. Date signed 2-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-360
Date Filed MAR 31 1948

NOV 8 1948

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 Walter Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.