

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 5 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13110

Registration District No. 2001

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County... Jasper  
(b) City or town... Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution... 2601 Wisconsin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... Seventeen Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME... ALICE TINA SUMPTON

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

4. Sex... Female 5. Color or race... White  
6. (a) Single, widowed, married, divorced... Widowed  
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... 1875  
7. Birth date of deceased... March 19 1875

8. AGE: Years 73 Months 0 Days 11 If less than one day

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

10. Usual occupation... Housewife

11. Industry or business.

12. Name... Jackson Green  
13. Birthplace... Illinois (City, town, or county) (State or foreign country)  
14. Maiden name... Ruth Smith  
15. Birthplace... Dade County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant... Mrs Amy Van Gunda  
(b) Address... 1515 Ohio

17. (a) Burial... (Burial, cremation, or removal) (b) Date thereof... 4-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation... Ozark Memorial

18. (a) Signature of funeral director... PARKER-HUNSAKER  
(b) Address... 1502 Joplin, Joplin

19. (a) 4-2-48 (Date received local registrar) (b) Delores Sumptons (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jasper  
(c) City or town... Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No... 2601 Wisconsin  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1948 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from 2/12/25 1946, to 3/30 1948 that I last saw her alive on 3/31 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... Acute Respiratory failure 8 hrs.

Due to... Bronchial pneumonia 4 days

Due to...

Other conditions... General arteriosclerosis unknown

Major findings: Of operations... 107 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) (e) Means of injury...  
While at work?.....  
23. Signature... J. C. Jones Date signed... 4/1/48

Duration  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

MAY 6 194

## 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

*F. M. Jones*

Licensed Embalmer No.

*2319*

P. O. Address

*Joplin 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.