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FILED JAN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44034
5683

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leath # 2 Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2204 Holmes</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Booker</u> b. (Middle) <u>J.</u> c. (Last) <u>Sumpter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept. 6, 1904</u>
9. AGE (In years last birthday) <u>47</u>		10a. USUAL OCCUPATION (If kind of work done during most of life, even if retired) <u>Good</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Wagoner, Okla.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Lula Sumpter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year and unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Cooper</u>	
17. ADDRESS <u>2204 Holmes</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforating Duodenal Ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 H.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchiectasis</u> DUE TO (c) <u>Bronchid Asthma</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Dec. 27, 1951</u> , to <u>Dec. 29, 1951</u> , that I last saw the deceased alive on <u>Dec. 29, 1951</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. Frank Ellis</u>		23b. ADDRESS <u>600 E. 22nd St.</u>	
23c. DATE SIGNED <u>12-31-51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24a. DATE <u>Dec 31, 51</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Wagoner Cemetery</u>	
24c. LOCATION (City, town, or county) (State) <u>Wagoner, Okla.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marlene Williams</u>	
25. ADDRESS <u>1729</u>		DATE REC'D BY LOCAL REG. <u>12-31-51</u>	
REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>		25. ADDRESS <u>1729</u>	

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

(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

working under my personal supervision.

Signed.....
Student Embalmer

Signed *J. J. Manlove*
Student Embalmer No.....

Licensed Embalmer No. *3994*

P. O. Address *2503 Highline*

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.