

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 9 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1752 Registrar's No. 42

360

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Meramec Twp.</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Meramec Township</u>	
c. LENGTH OF STAY (in days) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Sullivan, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan, Missouri</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>J.</u> c. (Last) <u>Sumpter</u>	4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>1</u> (Year) <u>1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 25, 1862</u>	9. AGE (In years last birthday) <u>89</u> if UNDER 1 YEAR Months <u>8</u> Days <u>6</u> if UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Bass</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lancaster</u>	14. NAME OF HUSBAND OR WIFE <u>Carter Sumpter, (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>NIL</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Curley Sullivan, Missouri</u>	ADDRESS <u>Sullivan, Missouri</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>rare</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis &amp; Semblity.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NIL</u>	19b. MAJOR FINDINGS OF OPERATION <u>NIL</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>NIL</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>NIL</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NIL</u> <u>NIL</u> <u>4222</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NIL</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NIL</u>
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22. I hereby certify that I attended the deceased from Jan, 1947, to Sept. 1, 1952, that I last saw the deceased alive on Aug. 28, 1952, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Sullivan, Mo</u>	23c. DATE SIGNED <u>9/1/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-1-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sullivan, Mo</u>
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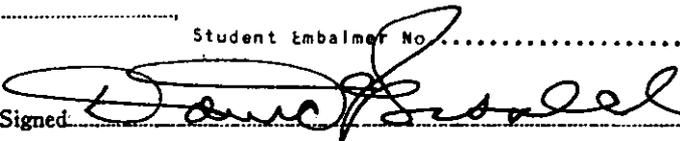
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Student Embalmer No. ....

Signed: 

Signed.....  
Student Embalmer

Licensed Embalmer No. 4520

P. O. Address Luluwan

**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.