

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3773  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pike Registration District No. 689  
 (b) Township Buffalo Primary Registration District No. 2033 Registered No. \_\_\_\_\_  
 (c) City Louisiana (d) Street No. Pike Co Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Ralph 410  
 (a) Residence, No. 113 1/2 Main St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clark Ralph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 5 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as law mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashburn Mo

FATHER  
 13. NAME Guy Summers  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Busch Mo

MOTHER  
 15. MAIDEN NAME Grace Peckensbaugh  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennett Mo

17. INFORMANT (ADDRESS) Grace Summers Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Hill Cem Atlas Mo DATE 11/11/38

19. FUNERAL DIRECTOR (ADDRESS) J. H. Harty Louisiana Mo

20. FILED 19 1938 J. H. Harty Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 9 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 11 1937 to Jan 9 1938  
 I last saw her alive on January 9 1938. Death is said to have occurred on the date stated above, at 4 45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid fever Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hemorrhage of bowel

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify J. Guy Netherlin \_\_\_\_\_, M. D.  
 (Signed) \_\_\_\_\_ (Address) Louisiana Mo

OCT 28 1946

RECEIVED

FEB 28 1938

MAY 27 1940

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**