

No. 2
7-39
X23159

STANDARD CERTIFICATE OF DEATH

State File No. 96

Registration District No. 1000

Primary Registration District No. 1002

Registrar's No. 5558

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Howland

(c) Name of hospital or institution:
8060 Woodland

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 33
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Howland
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 8060 Woodland Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME James W. Summers

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1940 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept. 24, 1940, to Sept. 28, 1940;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race Wh

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

6. (b) Name of husband or wife Ermine Jane

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: May 31 1855
(Month) (Day) (Year)

Immediate cause of death Coronary Arteriosclerosis
Chronic nephritis
and Old age

Due to _____

Due to _____

8. AGE: Years 85 Months 3 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Lynn Mo.
(City, town, or county) (State or foreign country)

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business Merchant

12. Name Jess James Summers

13. Birthplace No Record Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Nichols

15. Birthplace No Record Ky.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs J. W. Summers

(b) Address 8060 Woodland

17. (a) Burial (b) Date thereof 9-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 58th St. & Road

19. (a) _____ (b) Dr. T. Brennan
(Date received local registrar) (Registrar's signature)

23. Signature Dr. T. Brennan (M. D. or other) _____

Address 8060 Woodland Date signed 12/28/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Guy Buffington*
Licensed Embalmer No..... *27050*
P. O. Address..... *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.