

No. 2  
4-13-40  
5-17-39  
I X23159

State File No. ....

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution RFD # 61  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 years  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No. RFD # 6  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Summers

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1941 hour 8:40 minute P M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Sarah Summers

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 20 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1941, to June 22, 1941;  
that I last saw him alive on June 6, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arteriosclerosis

Duration 7 yr

9. Birthplace Benton (City, town, or county) Ill. (State or foreign country)

Due to 93.7

Due to \_\_\_\_\_

10. Usual occupation Farming

Other conditions scicite  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Amber Summers

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Sarah Raudstree

15. Birthplace Perm. (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Sarah Summers

(b) Address R. 6 - Poplar Bluff Mo.

17. (a) Burial (b) Date thereof 6-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stringtown Mo.

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? no

18. (a) Signature of funeral director Black's Mortuary

(b) Address Cornery Ave. C.

19. (a) 6/23/41 (b) Kate Lutz  
(Date received by registrar) (Registrar's signature)

While at work? no (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature J. DeHammel (M. D. no)

Address Poplar Bluff Mo. Date signed 6/23/41

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

12  
00

RECEIVED

District Health Officer No. 2

District File Number 741-863

Date Filed 7/10/41

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.

*The Body was not  
Embalmed*

Signed *Leslie D. Russell*

Licensed Embalmer No. 3855

P. O. Address *Cornum Ark*

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.