

FILLED AUG 1 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24941

Registration District No. 233

Primary Registration District No. 5318

Registrar's No. 348

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Bourbon "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lathrop Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 028
(c) City or town Bourbon "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME RICHARD LEE SUMMERS

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Promet

6. (b) Name of husband or wife Mary Alice Summers 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May - 19 - 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmed

11. Industry or business William Summers

12. Name William Summers

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

14. Maiden name Unknown

15. Birthplace Mary Alice Summers
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Alice Summers

(b) Address Hinch P.O.

17. (a) Burial (b) Date thereof 5-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Albert Ebony
(b) Address Bourbon, Mo.

19. (a) May 9 1941 (b) H. J. Drum
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to Hypertension
apoplexy

Other conditions (Include pregnancy within 3 months of death) 97%

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 10

Address Lullin Mo. Date signed 5-9-41

209

(Licensed Embalmer's Statement on Reverse Side)

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

0000

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

File # 7411811

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

Albert E. Long

Licensed Embalmer No.

3504

P. O. Address

Cowboon, Mo.

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, above space should be left blank.