

FILLED OCT 10 1941

Registration District No. **1094**

Primary Registration District No. **3011**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Beverly & High Sts.**
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution **no** (Specify whether)
In this community **38 yrs** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Clay**
(c) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. **Beverly & High Sts.** (If rural, give location)
(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **EMMA BELLE SUMMERS**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **James Summers** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **Feb. 2 - 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **2** If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business

12. Name **Meri Odell**

13. Birthplace **Ray Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Lloyd**

15. Birthplace **Ray Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Opal Summers**

(b) Address **Excelsior Springs**

17. (a) **Burial** (b) Date thereof **Sept. 7 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Coron Cemetery**

18. (a) Signature of funeral director **Herbert Hager**

(b) Address **Excelsior Springs Mo**

19. (a) **Sept 6 - 1941** (b) **Mr. R. M. Craske**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4** year **1941** hour **6:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Coron** 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 **Coronary thrombosis** Duration

Due to **Coronary**

Due to **gfd**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Coronary**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Coronary Thrombosis**

(b) Date of occurrence **Sept 4 1941**

(c) Where did injury occur? **Excelsior Springs Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

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

23. Signature **Rev. Procher Coron** (M. D. or other)

Address **Excelsior Springs Mo** Date signed **9-4-41**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-01

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..... *Chas Virgil Hop*.....
Licensed Embalmer No..... *3950*.....
P. O. Address..... *Excelsior Sp*.....

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.