

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Linds T. B. M. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 9 mos 1 day
(Specify whether years, months or days)

In this community 2 yrs - 0

3. (a) PRINT FULL NAME Summers, Pres Ted.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 18 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 2 25 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Scott Summers

13. Birthplace Tenn - 1
(City, town, or county) (State or foreign country)

14. Maiden name Wendy Sperry

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

16. (a) Informant Linds T B. M. Hospital

(b) Address Linds, Missouri

17. (a) Burial (b) Date thereof 12-30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Packet Cemetery

18. (a) Signature of funeral director White & Kesch

(b) Address Warsaw, Mo.

19. (a) Dec 31 1942 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 601 Marshall
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
year 1941 hour 7:35 minute P M.

21. I hereby certify that I attended the deceased from Mar. 20
_____, 1938, to Dec 28, 1941;
that I last saw him alive on 12-28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary tuberculosis
bilateral

Due to _____

Due to 12 P

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

Major findings:
Of operations 13 P 1

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) _____

(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 0

23. Signature W. C. Meyer (M. D. or other) _____

Address W. C. Meyer, 1211 S. 11th St., St. Louis, Mo. Date signed 12-28-41

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.

Signed..... *John F. Reser*.....
Licensed Embalmer No..... *4098*.....
P. O. Address..... *Warsaw*.....

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.