

41976

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 20 1942

Registration District No. 347Primary Registration District No. 5498Registrar's No. 1

1. PLACE OF DEATH:

- (a) County HENRY
 (b) City or town Clinton Mo. 17102
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: East of Clinton RR 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Juvenile Hosp.
 (Specify whether years, months or days) Complete life (Specify whether)

3. (a) PRINT
FULL NAMEALICE SUMMERS

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

FEMALE

5. Color or

race White

6. (a) Single, widowed, married,

divorced Widow

6. (b) Name of husband or wife

BENJAMIN SUMMERS

6. (c) Age of husband or wife if

alive Head years

7. Birth date of deceased

July
(Month)29
(Day)1876
(Year)

8. AGE:

Years

Months

Days

If less than one day

66415

hr.

min.

9. Birthplace

Benton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

MOTHER FATHER

12. Name

Noah Cooper ?

13. Birthplace

Unknown ?
(City, town, or county) (State or foreign country)

14. Maiden name

Belle Taylor ?

15. Birthplace

Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Jesse Summers

(b) Address

Clinton Mo. RR 2

17. (a)

Rural
(Burial, cremation, or removal)

(b) Date thereof

Dec 13-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Shady Grove Cem.

18. (a) Signature of funeral director

J. H. Hancock

(b) Address

Clinton Mo.

19. (a)

Dec 15, 41
(Date received local registrar)

(b)

Georgia Kitchen
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Henry
 (c) City or town Rural - RR 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. East of Clinton RR 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
 year 1941 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept
 _____, 1939, to Dec 14, 1941,
 that I last saw her alive on Dec 11, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage
myocarditis.

Duration

4 days

Due to

Hypertension.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

83a

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Joseph B. Mill (M. D. or other) M.D.Address Clinton, Mo. Date signed 12-14-41

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

Rev. 5-17-39
U.S. GPO: 1941 O-119511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 7

District File Number 12-41-2185

Date Filed 1-13-42

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

W. J. Cassant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.