S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 1607

Registrar's No. 206

1. PLACE OF DEATH:

(a) County: Audrain

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

(c) Name of hospital or institution: 520 W. Love st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain

(c) City or town: Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. 403 E. Bolivar St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William W. Summers

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Ardelia Summers

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

7. Birth date of deceased: December 1, 1867 (Month) (Day) (Year)

8. AGE: Years 74 | Months 0 | Days 22 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Retired farmer

11. Industry or business .....

FATHER
12. Name: Joseph W. Summers
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary S. (unknown)
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Halley Summers
(b) Address: Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 24, 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Concord, Mo

18. (a) Signature of funeral director: Earl E. Reed
(b) Address: Mexico, Mo.

19. (a) Dec 24-41 (Date received local registrar) (b) Blanche Kelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec 17, 1941, to Dec 7, 1941; that I last saw ~~him~~ alive on Dec 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia lobar	5 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility	
Major findings: Coronary sclerosis	
Of operations:	
Of autopsy: 108	

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

23. Signature: R. S. Williams (M. D. or other) M.D.
Address: Mexico Mo Date signed: 12/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-70
Date Filed JAN 10 1942

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 Eral E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.