

FILED FEB 10 1943  
Registration District No. 179

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:  
in ambulance on way to General Hospital 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 1 hour  
(Specify whether \_\_\_\_\_)

In this community as above  
years, months or days

3. (a) PRINT FULL NAME 1st Lieut. John Vandergriff Summerlin

3. (b) If veteran, name war World War #2

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elna Elmo B. Summerlin

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years about 36 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Lieutenant

11. Industry of business Army,

12. Name Capt. G. T. Summerlin,

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elna B. Summerlin,

(b) Address 11746 Bellagio Rd., Bellaire, Cal.

17. (a) Removal 1-25-43 (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arlington, Virginia

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-25-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles

(c) City or town Bellaire, Los Angeles  
(If outside city or town limits, write "RURAL")

(d) Street No. 11746 Bellagio Road,  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_ X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him Deputy Coroner, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema  
Fatty Change of Liver  
Due to (Contents of Stomach)  
(being analyzed)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 163 H  
Of operations \_\_\_\_\_

Of autopsy See above

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Jan. 21, 1943.

(c) Where did injury occur? Ken. Hq. Jackson Mo.  
(City or town) (County) (State)

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

While at work? No. (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. E. Usher (M. D. or other) M. R.  
Address 2324 McCoy Date signed 1/22/43

OCT 27 1945

MAY 2 1947

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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 \_\_\_\_\_

Licensed Embalmer No. 114510

P.O. Address 1910 2nd St

**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.**

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of California }  
County of Los Angeles } SS.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 390

On this 16 day of March, 1943, before me appears Mrs. Elna Summerlin who, upon her oath, states that the original record of ~~birth~~ death for John V. Summerlin, died Jan 21, 1943 in the State of Missouri, and which was filed at KP on Jan 25, 1943 should be corrected as follows:

Item No. 3a should read John Vandergriff Summerlin  
Instead of John Vandergriff Summerlin

Item No. 6B should read Elna B.  
Instead of Elma B.

Item No. 12 should read Capt. J. T. Summerlin  
Instead of Capt. J. A. Summerlin

Item No. 16a should read Mrs. Elna Summerlin  
Instead of Mrs. Elma Summerlin

Item No. 16b should read 11746 Bellagio Road, Los Angeles  
Instead of Bellaire,

Item No. 2b should read County - Los Angeles  
Instead of County -

Item No. 2c should read Los Angeles  
Instead of Bellaire

The above is true to the best of my knowledge, information and belief  
(SEAL) Affiant Elna Summerlin Wife  
Relationship.

11746 Bellagio Rd. Los Angeles, Cal.  
Present Address.

Subscribed and sworn to before me this 16 day of March, 1943.

My Commission expires Jan. 22-1945 E. E. Jensen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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