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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32155

OCT 13 1943

Registration District No. 224

Primary Registration District No. 4338

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution:
310 Winter Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 6 Years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. 310 Winter Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nellie Mae Summers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harry G. Summers

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

7. Birth date of deceased March 14 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Own Home

12. Name George W. Palmer

13. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bessie C. Owings

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

16. (a) Informant James M. Mitchell

(b) Address Box 2547 Hannibal Mo.

17. (a) Burial (b) Date thereof 9/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Judes Monroe City

18. (a) Signature of funeral director Wils. v. s. e. n. s.

(b) Address Monroe City, Mo.

19. (a) Sept 11-43 (b) Otto Heuberg
(Date received local registrar) (Registrar's signature)

1126 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 9th
year 1943 hour 5 minute A.M. M.

21. I hereby certify that I attended the deceased from APRIL 5 1941 to SEP 9 1943
that I last saw h. ER alive on SEPT 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to CHRONIC VALVULAR HEART DISEASE

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence No

(c) Where did injury occur? No (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) Means of injury No

23. Signature PHUITH (M. D. _____)

Address Monroe City Mo. Date signed 9/11/43

Duration Few Minutes

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-43-1689

Date Filed OCT 11 1943

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 By Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Leslie E. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.