S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1944

Registration District No. 295

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4064

Primary Registration District No. 4443

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 E. Mulberry
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. 215 E. Mulberry
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George T. Summers
3. (b) If veteran, name war
3. (c) Social Security No. 491-14-1023

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mittie Summers
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December (Month) 3 (Day) 1869 (Year)

8. AGE: Years 74 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired
11. Industry or business

MOTHER FATHER
12. Name George Summers
13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Fannie Elliott
15. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Mittie Summers
(b) Address Huntsville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/14/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville Cemetery
18. (a) Signature of funeral director Tom B. Fulton
(b) Address Huntsville Mo
19. (a) 2-1-44 (Date received local registrar) (b) Mrs. P. Hughes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Oct 20, 1943, to Jan 12, 1944, that I last saw h... alive on Jan 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Regurgitation	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Dropsy	2 months

Major findings:
Of operations
Of autopsy 92 f

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 L. H. Johnston (M. D. or other) M.D.
Address Huntsville Mo. Date signed 1/31/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-44-261
Date Filed FEB 4 1944

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ala

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.