

FILED MAY 18 1944

Registration District No. 375

Primary Registration District No. 62-70 5635

Registrar's No. 23

1. PLACE OF DEATH:  
 (a) County Laclede  
 (b) City or town Union Township - Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: x  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution x  
 In this community 85 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Laclede  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Union Township  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country x

3. (a) PRINT FULL NAME Rebecca Jane Summers  
 3. (b) If veteran, name war x  
 3. (c) Social Security No. x

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 27  
 year 1944 hour 7:30 minute p M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, widowed  
 (b) Name of husband or wife H.R. Summers  
 (c) Age of husband or wife if alive x years  
 7. Birth date of deceased: February - 16 - 1854  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-29, 1944, to 2-27, 1944  
 that I last saw her alive on 2-27, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months no Days 11  
 If less than one day x hr. x min.

Immediate cause of death Pneumonia  
 Due to Flu  
 Due to .....

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

10. Usual occupation: Housewife

11. Industry or business: Home

12. Name: Will McKeel

13. Birthplace: Tennessee  
 (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Sarah Long

(b) Address: Conway, Missouri

17. (a) Burial (b) Date thereof: Feb. 28 - 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Funeral

18. (a) Signature of funeral director: Clay Dancy  
 (b) Address: Marshfield, Missouri

19. (a) MARCH 15 1944 (b) Whispering Bruce  
 (Date received local registrar) (Registrar's Signature)

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 33a

Of autopsy: .....

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: W. H. ... (M. D. or other) MD

Address: Conway Date signed: 3-7-44

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Received .....

Laclede County Health Unit

File No. 4-44-47 .....

Date Filed 5/11/44 .....

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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.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.