

FILED OCT 10 1944

State File No. _____

Registration District No. 55

Primary Registration District No. 3010

Registrar's No. 297

1. PLACE OF DEATH:

(a) County Coape Girardeau

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

(c) Name of hospital or institution: 610 So Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Coape Girardeau

(c) City or town Coape Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 610 So Benton 1
(If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME EMMETT A. SUMMERS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Emma Summers 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May - 12 - 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 30 If less than one day hr. min.

9. Birthplace Coape Girardeau Co. U Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Wm. W. Summers

13. Birthplace Coape Girardeau Co. U Mo
(City, town, or county) (State or foreign country)

14. Maiden name Katharine Scott

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Summers

(b) Address Coape Girardeau Mo

17. (a) Burial (b) Date thereof Sept 12 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cem

18. (a) Signature of funeral director Walthus Und. Co

(b) Address Coape Girardeau Mo.

19. (a) 9-14-44 (b) G. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day Sept
year 1944 hour 8:00 minute AM

21. I hereby certify that I attended the deceased from May 1943 to Sept-10 1944
that I last saw him alive on Sept-1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

9502

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 C. J. Krusey (M. D. or other) Dr.

Address Coape Girardeau Mo. Date signed 9/11/44

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

6
1
4

101F

OCT 18 1946

RECEIVED

District Health Officer No. 4
District File Number 1044-4404
Date Filed 10-7-44

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 Virgil W. Welch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau - 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.