

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marion County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Years
(Specify whether years, months or days)
In this community 4 Years

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

3. (a) PRINT FULL NAME Jesse Summerfield
3. (b) If veteran, name war No
3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month January day 19
year 45 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife No record 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1851
(Month) (Day) (Year)

Immediate cause of death _____
Arterio Sclerosis
Due to _____
Due to _____

8. **AGE:** Years 94 Months - Days - If less than one day _____ hr. _____ min.

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.

9. Birthplace No record (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

11. Industry or business _____
12. Name No record
13. Birthplace No record (City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Marion County Infirmary
(b) Address Palmyra, Mo.
17. (a) Burial (b) Date thereof 1/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director James M. Brad
(b) Address Palmyra, Mo.
19. (a) 1-18-46 (b) Jessie Margaret Maddox
(Date received local registry) (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury _____
Signature G. M. Lichte (M. D. or other)
Address Palmyra, Mo. Date signed 1-14-45

1145

FEB 16 1945

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.....

Robert Lewis

Licensed Embalmer No.

2382

P. O. Address.....

Palmyra 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.