S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42149

Registration District No. 277 Primary Registration District No. 5948 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Ashley Ashley, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Ashley rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Ann Summers
3. (b) If veteran, name war X
3. (c) Social Security No. none
4. Sex Female
5. Color or race col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Earnest Summers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 12 (Day) 1876 (Year)

8. AGE: Years 69 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Pike Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Albert Webb
13. Birthplace Lincoln Co (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Maggie Holoway
15. Birthplace Lincoln Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Bartonia Ogden
(b) Address Bowling Green Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley Mo.
18. (a) Signature of funeral director Grace Banfihead
(b) Address Bowling Green Mo
19. (a) Dec 3, 1945 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 1945 hour 8 minute P M.
21. I hereby certify that I attended the deceased from , 1944, to 11/28, 1945 that I last saw her alive on 11/26/45, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lateral Sclerosis of Scoliosis Spinal Chord	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

82.1

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 [signature] (M. D. or other)
Address Bowling Green Date signed 11/30/45

1600 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1918
Date Filed DEC 20 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 Grace M. Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.