

FILED JUL 15 1946

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 da
(Specify whether
 In this community 68 years
years, months or days)

3. (a) PRINT FULL NAME John William Summers
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cora Demarie
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased: 7 (Month) 5 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>17</u>	hr. _____ min.

9. Birthplace: Malden Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name John P. Summers
 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Rushing
 15. Birthplace Malden Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Summers
 (b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 6/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rark Cemetery

18. (a) Signature of funeral director Day Funeral Home
 (b) Address Malden, Mo.

19. (a) 6/27/46 (b) [Signature]
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin 35
 (c) City or town Malden 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 205 S. Beckwith 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
 year 1946 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 21 1946 to June 22 1946
 that I last saw him alive on June 22 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary disease 1 da
 Due to Arteriosclerosis ARTERIOSCLEROSIS
 Duration ?

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

PHYSICIAN
 Major findings: [Signature]
 Of operations _____
 Of autopsy _____
 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?
 While at work? [Signature] (Specify type of plant) _____
 (b) Means of injury _____
 Signature [Signature] (M. D. X356)
 Address Poplar Bluff, Mo. Date signed 6/24/46

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

RECEIVED

District Health Office No. 2

District File Number 146-824

Date Filed 7-9-46

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, W. N. Fitch

Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed W. N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.