

S. No. 2
M-5-43
5-17-39
I X36471

FILED JUL 8 1946
Registration District No. 337

Primary Registration District No. 6138

State File No. _____
Registrar's No. 60

1. PLACE OF DEATH:

(a) County Shelby County
 (b) City or town Rural
 (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 3 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
 (c) City or town 5 miles East of Bethel
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Velma Leona Lock Summey
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19
 year 1946 hour 6 minute P. M.
 21. I hereby certify that I attended the deceased from June 14
1946 to June 19 1946
 that I last saw her alive on June 19 1946
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Caucasian
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Geo Summey 6. (c) Age of husband or wife if alive not known
 7. Birth date of deceased: May 5 1903
 (Month) (Day) (Year)

Immediate cause of death: Tuberculosis of the lungs
 Duration: 3 weeks

8. AGE: Years 43 Months 1 Days 14
 If less than one day _____ hr. _____ min.

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

9. Birthplace Shelby Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Geo Magruder
 13. Birthplace Shelby Co Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Ruchlow
 15. Birthplace Shelby Co Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations 138
 Of autopsy _____

16. (a) Informant Thy Geo Magruder
 (b) Address Bethel, Missouri
 17. (a) burial (b) Date thereof June 29-1946
 (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? _____

(c) Place: burial or cremation Dial Hill
 18. (a) Signature of funeral director W. Musgrave
 (b) Address Bethel, Missouri
 19. (a) June 29-46 (b) Ruth Jager
 (Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (e) means of injury _____
 23. Signatures [Signature] (M. D. or other) P.O. 1946
 Address Bethel, MO Date signed June 26

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1281

Date Filed JUL 3 1946

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.....

Self....., Registered Apprentice No.
working under my personal supervision.

Signed C. W. Maynor.....

Licensed Embalmer No. 2719.....

P. O. Address Bethel, 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.