S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26515

State File No.

FILED AUG 29 1946

Registration District No. 28

Primary Registration District No. 5465

Registrar's No. 660

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural - N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Box 634 R.F.D. 6, Springfield, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 4 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, Mo. (Rural) N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Route 6. 634. Box
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ELLA MAE SUMMERS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Dexter Summers

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 8, 1892 (Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Laclede County, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business None

FATHER
12. Name Ben Roper
13. Birthplace Lebanon, Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Ella Brown
15. Birthplace No record Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Louis Dexter Summers
(b) Address Box 634 Rt. #6 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 13 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Near Rader Eureka Cemetery Mo

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Missouri.

19. (a) 8-10-46 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th year 1946 hour 7:50 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Dec 15, 1945 to Aug 9, 1946 that I last saw him alive on Aug 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	3 days
Due to: Brain tumor	7 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Cholecystitis	10 yrs

Major findings: Of operations None

Of autopsy None 57d

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) 0
While at work? (e) Means of injury

23. Signature L. C. Conrad (M. D. or other) M.D.
Address Springfield, Mo. Date signed 8-10-46

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.