V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5491

Registration District No. 210 Primary Registration District No. 5775 Registrar's No. 12

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

65
0
0

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town South Lineville, 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 83 yrs. 5 Mos. 29 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65
(c) City or town South Lineville Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sedrick Hubbard Summers
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Maryb Ellen Summers
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 30, 1863 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	5	29	hr. min.

9. Birthplace Mercer County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Druggist (Retired)
11. Industry or business
FATHER
12. Name William Summers 1
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Catherine Bryan
15. Birthplace (City, town, or county) Not Known 9 (State or foreign country)
16. (a) Informant Ella H. Litton
(b) Address Mercer Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery Lineville, Iowa
18. (a) Signature of funeral director C. C. Greenlee
(b) Address Lineville Iowa
19. (a) 2-4-47 (Date received local registrar) (b) Evan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1947 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 24, 1947, to Jan 29, 1947
that I last saw him alive on Jan 28, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Exhaustion & Pneumonia
Due to Fracture of neck of femur
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) accident 65
(b) Date of occurrence Jan 14 47
(c) Where did injury occur? His home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
His home (Specify type of place)
While at work? No (e) Means of injury fall 0
23. Signature C. E. Lovell M. D. (M. D. or other)
Address Lineville Ia Date signed Feb 1 47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James L. Gruenlee

Licensed Embalmer No. 3967.

P. O. Address Lincoln Iowa.

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.