

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27234

State File No. \_\_\_\_\_

Registration District No. 160 Primary Registration District No. 2018 Registrar's No. 55

1. PLACE OF DEATH:  
(a) County DENT  
(b) City or town RURAL  
(c) Name of hospital or institution: NONE  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County DENT 33  
(c) City or town RURAL  
(d) Street No. NEAR SALEM MO.  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT & FULL NAME JAMES SUMMERS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife ETTA SUMMERS 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased MARCH 30 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 1 If less than one day hr. min.

9. Birthplace SUMMERVILLE MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_  
12. Name NICODEMUS SUMMERS  
13. Birthplace KENTUCKY  
14. Maiden name SIRENA SMITH  
15. Birthplace MISSOURI

16. (a) Informant ETTA SUMMERS  
(b) Address SALEM, MO.

17. (a) BURIAL (b) Date thereof 8/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE CEM.  
18. (a) Signature of funeral director W. R. PENCE  
(b) Address SALEM, MO.

19. (a) 8-5-47 (b) W. R. PENCE, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 1 year 1947 hour 10:30 minute A.M.  
21. I hereby certify that I attended the deceased from 3-27-47, 19 to 6-14-47, 19; that I last saw him alive on 6-14-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death  
Crownary heart disease  
Due to Atherosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
months  
yrs

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
949

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? M. M. SUMMERS M.D.  
23. Signature M. M. SUMMERS (M. D. or other)  
Address SALEM, MO. Date signed 8/5/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District ...

847484

Date Filed

8-30-47

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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 Wm. W. McDonald

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Me.

**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.