

No. 2  
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-17-39  
X38697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 2 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3837

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Richersville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Crim-Smith Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 30 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Mulan  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Alvin Summers

(b) If veteran, name war No

(c) Social Security No. 191-24-6245

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5  
year 1948 hour 5 minute 30 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Blora Summers

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

7. Birth date of deceased Oct 27 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JAN 4 1948 to FEB 4 1948  
that I last saw him alive on February 4th 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death Peritonitis

Due to Multiple bladder diverticula which were removed

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

10. Usual occupation Artist

Other conditions (Include pregnancy within 3 months of death)

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

MOTHER FATHER

12. Name John M. Summers

13. Birthplace Pekin Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Rexin

15. Birthplace Sullivan Co Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mollie Summers

(b) Address Mulan - Mo

17. (a) Burial (b) Date thereof 2-7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood - Mulan

18. (a) Signature of funeral director Schoener

(b) Address Mulan - Mo

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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

19. (a) 3-2-48 (b) Mrs Kate Lambert  
(Date received local report) (Registrar's signature)

23. Signature George E. Brinn (M. D. or other) MD  
Address Richersville, Missouri Date signed 2/12/48

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

X-

MAR 3 1948

MAR 9 1948

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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, or by.....

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

Signed Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Milau - 1110

**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.**