No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 27 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 3838

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1601 N. Franklin (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 1601 N. Franklin (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Peter Harvey Summers
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rachael E. Stokes
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: May (Month) 20 (Day) 1861 (Year)
8. AGE: Years 86 Months 8 Days 8 If less than one day hr. min.
9. Birthplace: Putnam County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Richard Summers
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Sina Cox
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Murt Summers
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hills Cmt.
18. (a) Signature of funeral director: Der Reber
(b) Address: Kirksville, Missouri
19. (a) 2-16-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 year 1948 hour 7:15 minute P.M.

21. I hereby certify that I attended the deceased from May 17, 1947 to January 28 1948 that I last saw him alive on January 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure due to Pulmonary Tuberculosis — Duration: 3 years.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 3B
Of autopsy:

PHYSICIAN — Underline the cause of 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)
While at work? (e) Means of injury: 2

23. Signature: Howard E. Gross (M. D. or other) D.O.
Address: Kirksville, Mo. Date signed: 2-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 2-48-362
FEB 25 1948
Date Filed

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 Dee Reley

Licensed Embalmer No. 4181

P. O. Address Huntsville Ala

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.