S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9282

FILED APR 6 1948

Registration District No. 3983

Primary Registration District No. 5655

Registrar's No. 22

55
0
0

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 471 days (Specify whether
In this community 471 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 227 Fair 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Arthur Summers

3. (b) If veteran, name war no

3. (c) Social Security No. 495-166505

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 24 (Day) 1921 (Year)

8. AGE: Years 26 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Point Pleasant (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Arthur Summers
13. Birthplace Point Pleasant (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Mitchell
15. Birthplace Point Pleasant (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Geo B Orr
(b) Address Mt Vernon Mo

19. (a) 7/18/48 (Date received local registrar) (b) R R Philbrick (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1948 hour 10 minute 45 p.m.

21. I hereby certify that I attended the deceased from October 25, 1946, to February 7, 1948
that I last saw him alive on February 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	over 4 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 B
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 0

23. Signature J. F. Ezekawa (M. D. or other) MD
Address Mo. State San., Mount Vernon, Mo. Date signed 2-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 10 1948
District Health Officer No. 6,
District File Number 348-357
Date Filed MAR 31 1948

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 Geo B Qu

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.