

No. 300
-10-47
-5-17-39
-1 3906

State File No. _____

FILED SEP 13 1948

Primary Registration District No. 3015

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Canton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Beatty apt #1 W 3rd St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Canton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. Beatty apt #1 W 3rd St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lauretta Josephine Summy
3. (b) If veteran, name war L
3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife E. M. Summy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 25 1854
(Month) (Day) (Year)

8. AGE: Years 93 Months 10 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Vinton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Wm Henry Ludlow
13. Birthplace no record NY 1
(City, town, or county) (State or foreign country)
14. Maiden name Prudence Hodgers
15. Birthplace no record no record
(City, town, or county) (State or foreign country)

16. (a) Informant Wmfred Chisler
(b) Address Cameron

17. (a) Burial (b) Date thereof 9-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Graceland

18. (a) Signature of funeral director Blond Funeral Home
(b) Address Cameron

19. (a) 9-4-48 (b) Wmfred W. Moser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1948 hour 2:15 minute _____ A.M.
21. I hereby certify that I attended the deceased from 1948 to 10/3/48
to 10/3/48 19 48
that I last saw her alive on Aug 31 19 48
and that death occurred on the date and hour stated above.
Immediate cause of death Peritubercle Duration 31 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 16 2 B
Of autopsy _____
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? _____ (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)
(c) Means of injury _____
23. Signature A. O. Gulliland (M. D. or other) _____
Address Cameron Date signed 9/2/48

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

VS BEB 4 1959

DISTRICT HEALTH OFFICE
Camden, Md.

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 George B. Hammel

Licensed Embalmer No. 4405

P. O. Address 224 West 4th

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.

Camden, Md.