

1939 JUN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19581-
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
(b) Township Fishing River Primary Registration District No. 6237 Registered No. X3
(c) City Lawson, Mo., Dist. (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 88 yrs. 6 mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence No. John Marshall Summers St. Lawson Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Damaris L. Spencer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1858
7. AGE YEARS 80 MONTHS 6 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo

FATHER 13. NAME Lewis Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Charity Pippy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Damaris L. Summers (ADDRESS) Lawson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE May 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert Rose Excelsior Springs Mo

20. FILED 6/1/39 Ray, Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939, to May 27, 1939
I last saw him alive on May 27, 1939 Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia
Splenic tumor
Chronic myocarditis
Cardial failure
Date of onset _____
Other contributory causes of importance: 93C

Name of operation _____ Date of _____
What test confirmed diagnosis? Blinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Oleust Buehner, M. D.
(Address) Lawson, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 8 1941

MAR 20 1944

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,

Scott W. Hockensmith

or by

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

Signed

Scott W. Hockensmith

Licensed Embalmer No.

3597

P. O. Address

Excelsior Springs

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, above space should be left blank.