

FILED AUG 9 1948
Registration District No. 278

Primary Registration District No. 6024

State File No. _____
Registrar's No. 8

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rayson Rural Pack
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 91-7-12
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Rural 1
(If outside city or town limits, write "RURAL") 2
(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 VALENTINE SUMMERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Saphronia Summers 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Nov 19 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>7</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Summers
13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Charity Rippey
15. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Summers
(b) Address Laurson Mo

17. (a) Burial (b) Date thereof July 3 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Jarman Preichard
(b) Address Laurson Mo

19. (a) July 2, 1948 (b) Mrs. Raymond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 48 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 28 1948 to July 1 1948
that I last saw him alive on June 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Chronic Cardio Renal Vascular Disease
Due to _____

Other conditions (include pregnancy within 8 months of death) _____

Major findings: 12/12
Of operations _____
Of autopsy _____

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 James Buehler M.D. or other _____
Address Laurson Date July 2, 1948

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-24-48

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.....

Albert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.