

S. No. 2
9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4088

FILED FEB 1 1944
296

State File No. _____
Registrar's No. 22

Registration District No. _____ Primary Registration District No. ~~1229~~ ~~1228~~ 6019

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural - Orick Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Rural - North west of Orick
(If outside city or town limits, write "RURAL")
(d) Street No. About 4 1/2 miles
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Willis Summers
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 18 year 1943 hour 8 minute - A.M.
21. I hereby certify that I attended the deceased from May 26, 1943, to Dec 17, 1943; that I last saw him alive on Dec 17, 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertrude 6. (c) Age of husband or wife if About 57 years

Immediate cause of death Myocarditis
Due to Carcinoma of Stomach
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased. 10 10 1880
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
63 2 8 _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN H. B. P.
Underline the cause to which death should be charged statistically.

9. Birthplace Clay Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____

MOTHER FATHER
12. Name Thomas Summers
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Woods
15. Birthplace Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Bertrude Summers
(b) Address Orick Mo
17. (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riffs Court - Ray Co
18. (a) Signature of funeral director E. V. Brown
(b) Address Orick Mo
19. (a) 12-21/43 (b) D. G. F. Simmons
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature Clifford F. Simmons (M. D. or other) D. O.
Address Orick - Mo Date signed 12/21/43

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

1-31-44

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

Signed

C. V. Gibson

Licensed Embalmer No.

2299

P. O. Address

Quick No.

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.