

REC'D SEP 13 1939

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

28745

Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway Registration District No. 109  
(b) Township Holt's Summit Primary Registration District No. 5152A Registered No. 673  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 562 William Earl Summers

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/13/1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
5

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Missouri

FATHER  
13. NAME Oscar Summers

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

MOTHER  
15. MAIDEN NAME Josephine Langley

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

17. INFORMANT Oscar Summers  
(ADDRESS) Holt's Summit, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bull cemetery DATE 8/19/1939

19. FUNERAL DIRECTOR (NAME) Ray A. Holt  
(ADDRESS) New Bloomfield, Missouri

20. FILED Sept 10 1939 Charles Rusk Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18/193922. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1939, to Aug 18, 1939

I last saw him alive on Aug 18, 1939. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

*Pyrogenic Infection of Umbilical Cord*

Date of onset

Other contributory causes of importance: 125

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chart 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) Charles Rusk M. D.  
(Address) New Bloomfield, Missouri

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**