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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31235

Registration District No. 1 — Primary Registration District No. 1 — Registrar's No. 214

1. PLACE OF DEATH:

(a) County ADAIR

(b) City or town KIRKSVILLE (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: COMMUNITY NURSING HOME (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YEARS 3 (Specify whether

In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville (If outside city or town limits, write "RURAL") 0

(d) Street No. none (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME James Edward Summers

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Beulah Tabor 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December (Month) 13 (Day) 1868 (Year)

8. AGE: Years 71 Months 8 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Macon Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Policeman (Retired) 0

11. Industry or business Law Enforcing 1

FATHER
12. Name Jasper Summers
13. Birthplace Macon Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eliza Chaffin
15. Birthplace DK (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs F.C. Neete

(b) Address 503 Santa Fe Fullerton, Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Missouri

19. (a) Sept. 13/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10 year 1940 hour nine minute eleven P.M.

21. I hereby certify that I attended the deceased from June fifth, 1940, to September 10, 1940; that I last saw him alive on September 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis — Duration Unknown

Due to Syphilis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature A. R. Schultz (M. D. or other) D.O.

Address Community Nursing Home Date signed 9/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1992
Date Filed OCT 24 1940

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 Harold F. Vigal

Licensed Embalmer No. 4076

P. O. Address Kirkwood

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, above space should be left blank.