

FILED JAN 10 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Richel State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 16 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi?
(c) City or town Wyatt
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Mr. Noah Summers

8. (b) If veteran, name war. - 8. (c) Social Security No. -

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

6. (b) Name of husband or wife Mrs. Eva Summers 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased March 20 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Camden Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business Farmer

12. Name J. L. Summers
13. Birthplace Camden Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Ellis Prince
15. Birthplace Camden Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Social Service Record

(b) Address Above Hospital

17. (a) Removed (b) Date thereof 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden, Tenn.

18. (a) Signature of funeral director James Shelby
(b) Address East Grove, Mo.

19. (a) 12/17/40 (b) Allie Shelby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17 year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-1 1940 to 12-17 1940
that I last saw him alive on 12-16-40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of testicle
generalized
metastases to
all lymph nodes, heart, liver, spleen,
lung, thyroid, etc.
Other conditions (include pregnancy within 3 months of death) 5/10

Major findings: Of operations heart
Of autopsy metastasis to liver, spleen, lung, thyroid & lymph nodes

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? 1/1

23. Signature Theodore P. Shubard (M. D. G.M.D.)
Address Columbia, Mo. Date signed 12/17/40

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

0
2
4

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.