

Registration District No. 266

Primary Registration District No. 5273

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Franklin Twp Rural
(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 about five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural
(If outside city or town limit, write "RURAL")
(d) Street No. XX
(If rural, give location)
XX
(e) If foreign born, how long in U. S. A. — — — years.

3. (a) PRINT FULL NAME Adam Summers

8. (b) If veteran, name war — — — 3. (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 Anna Rotroff 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: April 15 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business XX

12. Name Nichols Summers

13. Birthplace 9 unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sirena Smith

15. Birthplace 9 unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Adam Summers

(b) Address Salem Mo

17. (a) burial (b) Date thereof Feb 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director Case K. Spence
Salem Mo

(b) Address Salem Mo

19. (a) Feb 13/41 (b) A. E. Butler M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1941 hour 2:00 AM minute — M.

21. I hereby certify that I attended the deceased from February 4, 1941 to February 10, 1941;
that I last saw him alive on February 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration several years

Due to arteriosclerosis general several years

Due to — — —

Other conditions 435
(Include pregnancy within 3 months of death)

Major findings: — — — PHYSICIAN — — —

Of operations — — — Underline the cause to which death should be charged statistically.

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? — — —

(Specify type of place) 24 (e) Means of injury — — —

23. Signature A. E. Butler M.D. (M. D. or other) MD

Address Salem Missouri Date signed 2-13-41

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

3
0
0

RECEIVED

District Health Officer No. 5,

District File Number 341393

Date Filed _____

74-9-28

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 _____

J. W. McDonald
~~Carl H. Spencer~~

Licensed Embalmer No. 3806

P. O. Address Salem, Mo.

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.