

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41642

State File No. _____

FILED JAN 23 1942
Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 10

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

1. PLACE OF DEATH: COLE
(a) County
(b) City or town: Jefferson City, Mo.
(c) Name of hospital or institution: Missouri State Prison
(d) Length of stay: In hospital or institution
In this community: Not known

2. USUAL RESIDENCE OF DECEASED: 26
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City, Mo.
(d) Street No.: Missouri State Prison
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: ALBERT SUMMERS (52488)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1942 hour 9 minute 45 A.

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

21. I hereby certify that I attended the deceased from May 1941 to January 5th 1942; that I last saw him alive on January 5th 1942 and that death occurred on the date and hour stated above.

4. Sex: M Color or race: Negro
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single

Duration
Immediate cause of death: Pulmonary tuberculosis 1 yr.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: November 25th 1903

8. AGE: Years 38 Months 1 Days 5 If less than one day hr. min.

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

Due to...
Due to...
Other conditions: (Include pregnancy within 3 months of death) 12 1/2

10. Usual occupation.

11. Industry or business.

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

12. Name: unknown

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

14. Maiden name: unknown

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

16. (a) Informant: Missouri Prison Records

(b) Address: Jefferson City, Mo.

17. (a) Removal (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation: Kansasville 1-6-42

18. (a) Signature of funeral director: Buescher Funeral Home

(b) Address: 429 Capital Ave

19. (a) Jan 6-1942 (b) (c) (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: (M. D. or other)

Date signed: 1-5-42

MAY 5 1942

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.....

Victor Buescher

Licensed Embalmer No.....

3701

P. O. Address.....

J.E.M.

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.