

No. 1-4
5-17
I X2890

FILED MAR 16 1942

Registration District No. 735

Primary Registration District No. 4075

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County. CARROLL
(b) City or town. Bosworth MO
(If outside city or town limits, write "RURAL" and name of township)
(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.
In this community. years (Specify whether years, months or days)

3. (a) PRINT FULL NAME PAHMER U. SUMNER

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

4. Sex male 5. Color or race ✓ 6. (a) Single, widowed, married, divorced. 9

6. (b) Name of husband or wife. MASSIE A. SUMNER 6. (c) Age of husband or wife if alive. 80 years

7. Birth date of deceased. JUNE 14 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Porter Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation. Blacksmith

11. Industry or business.

12. Name. PAHMER U. SUMNER

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

14. Maiden name. DOTA BIENNEK

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

16. (a) Informant. David J. Edwards

(b) Address. Bosworth Mo

17. (a) Burial (b) Date thereof. Feb 17 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Wharton

18. (a) Signature of funeral director. DAVID J. EDWARDS

(b) Address. Bosworth, MO.

19. (a) 3-4-42 (b) Mrs James R. Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. CARROLL
(c) City or town. Bosworth MO
(If outside city or town limits, write "RURAL.")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 16 year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1942 to Feb 16 42
that I last saw him alive on Feb 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis
Parosystoles

Due to.....
Due to.....

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

Major findings: Of operations. 94a
Of autopsy.

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?
.....

While at work?..... (Specify type of place) Means of injury. —

23. Signature. W. P. Brown (M. D. or other)
Address. Bosworth Date signed. 2/16/42

HS 202
128-MC
10-17

RECEIVED

District Health Officer No. 8,

Certificate Number

3-13-42

BB
J. K. LAK

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

David J. Lawrence

Licensed Embalmer No.

3245

P. O. Address

Bowling Green

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 66-53-

Registration District No. _____

Primary Registration District No. 4075-

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Carroll
- (b) City or town Bosworth
(If outside city or town limits, write "RURAL" and name of township)
- (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 years, months or days) years

3. (a) PRINT FULL NAME Palmer A. Summer

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

4. Sex m (5. Color or race w) 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased June - 14 - 1837
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days _____
(If less than one day min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-4-42 (b) Mr James Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Carroll
- (c) City or town Bosworth
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1942 hour _____ minute 30 P.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Parvovirus
Endocarditis

Duration _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas Ross Brown MD (M. D. or other) _____
Address Bosworth Mo Date signed June 27/42

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

SUPPLEMENTAL

