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

**1. PLACE OF DEATH:**

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital No 31 Nevada, Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs 10 mo 23 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**8. (a) PRINT FULL NAME** HARRY SUMMERS

**8. (b) If veteran,** name war Nat Kuan

**8. (c) Social Security** No. None

**4. Sex** Male

**5. Color or race** White

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Gertrude Summers

**6. (c) Age of husband or wife if alive** 44 years

**7. Birth date of deceased** Dec 27 1897  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>44</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

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

**10. Usual occupation** Farmer

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** S. L. Summers

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

**14. Maiden name** Nat Kuan

**15. Birthplace** W. St. Bryan  
(City, town, or county) (State or foreign country)

**16. (a) Informant** State Hospital Records

**(b) Address** Nevada, Mo

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** Mar 21 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Carson Center Cemetery, Rich Hill, Mo

**18. (a) Signature of funeral director** W. T. Seaver

**(b) Address** Rich Hill Mo

**19. (a) Date received local registrar** March 18, 1942 **(b) Registrar's signature** By [Signature]

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Bates

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

(d) Street No. Unknown  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 18  
year 1942 6. hour 0 minute 0 P. M.

**21. I hereby certify that I attended the deceased from** Aug 24 1939, 1939, to March 18 1942, 1942, that I last saw him alive on March 17 1942, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

**Duration** \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions C. P. S. Les.  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: no 30c

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** G. S. Warach (M. D. or other)

**Address** Nevada Mo **Date signed** 3/18/42

FEB 27 1946

RECEIVED

District Health Officer No. 7,

District File Number 4-42-427

Date Filed 4-14-42

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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 John I. Childwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.