

FILED MAY 21 1942

Registration District No. 124

Primary Registration District No. 5177

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County: Cape Girardeau Co

(b) City or town: Burfordville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 weeks
(Specify whether years, months or days)

In this community: all life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Burfordville Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural
(If rural, give location)

(e) Citizen of foreign country? Yes or No

If yes, name country: _____

3. (a) PRINT FULL NAME: BERTHA SUMMERS

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 21
1942 to April 1, 1942
that I last saw her alive on April 1, 1942
and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: W

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

6. (b) Name of husband or wife: Boyd Summers

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: July 16 - 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 15
If less than one day hr. min.

Immediate cause of death: Acute myocarditis

Due to: following

Due to: Chronic myocarditis

Other conditions: Myocarditis
(Include pregnancy within 3 months of death)

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

10. Usual occupation: Housewife

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations: 93d

Of autopsy: _____

11. Industry or business: _____

12. Name: Wm F. Gauder

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

14. Maiden name: Walter Berger

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

16. (a) Informant: Boyd Summers

(b) Address: Burfordville Mo

17. (a) Burial (b) Date thereof: 4-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Graveside Cemetery

18. (a) Signature of funeral director: Jacobson

(b) Address: Cape Girardeau Mo

19. (a) 4-17 (b) J. B. Keck
(Date received local registrar) (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)

Mean of injury: _____

23. Signature: Wm F. Gauder (M. D. or other) D

Address: Jackson Missouri Date signed: 4-11-42

1116

RECEIVED

6 13 1988 8 311

District Health Officer No. 4

District File Number 542-652

Date Filed 5-18-92

Not Embalmed

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, fact should be so stated above.