

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1942

Registration District No. 209

Primary Registration District No. 4125

Registrar's No. 30-21

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

1. PLACE OF DEATH: Clinton

(a) County: Clinton

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

(c) Name of hospital or institution: 1
(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)

In this community: 80 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clinton ²⁵

(c) City or town: Plattsburg ⁰
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: Kate Elizabeth Summerfield

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1942 hour 7 minute 48 A.M.

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married: 2 divorced widowed

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: 7 years

7. Birth date of deceased: 7th (Month) 2 (Day) 1862 (Year)

21. I hereby certify that I attended the deceased from Mar 5, 1941 to June 7, 1942
that I last saw her alive on June 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: _____

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>5</u>	_____ hr. _____ min.

Acteriosclerosis 10 yrs.

Due to _____

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

10. Usual occupation: House wife

Due to GA

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

11. Industry or business: _____

12. Name: Emanuel Beintegel

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

14. Maiden name: Anna Haukers

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

Major findings: _____ Of operations: _____

Of autopsy: NO

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Mable Marlow

(b) Address: Plattsburg Mo.

17. (a) Burial (b) Date thereof: 6-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Zion (Clinton County)

18. (a) Signature of funeral director: O'Brien-Tyer

(b) Address: Plattsburg Mo.

19. (a) June 9 1942 (b) Mrs. A. C. Hartzel
(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) (e) Means of injury: _____

23. Signature: J. D. Reynolds (M. D. or other) _____

Address: Plattsburg - Mo Date signed 6-9-42

1085

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..... *Donell D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburgh, Ma*

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.