

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 49

1. PLACE OF DEATH

(a) County BATES

(b) City or town BUTLER
(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
In this community LIFE years, months or days)

3. (a) PRINT FULL NAME CASSIE LEE SUMMERS

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

4. Sex F / 5. Color or race W - 6. (a) Single, widowed, married, divorced 1 =

6. (b) Name of husband or wife HARDIN SUMMERS 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased FEB - 19 - 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 6 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name GEORGE MORELAND

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

14. Maiden name NANCY TAYLOR

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

16. (a) Informant Eugene Lacy
(b) Address Butler Mo

17. (a) Burial (b) Date thereof 9-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIDER-CEMETERY

18. (a) Signature of funeral director Booths Funeral Home
(b) Address Butler Missouri

19. (a) 9-14-42 (b) Motherma Compton
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO - (b) County _____

(c) City or town RFD - Rich Hill Mo
(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 SEPT day 12TH
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1
11:30 Sept 12 1942
that I last saw her alive on Sept 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Carcinomatosis

Due to Brain soft

Due to Cardiac emphysema

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy HSA

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 Adelose Lacy (M. D. or other)
Address Butler, Mo Date signed 11-4-42

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

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1103

Date Filed 10-8-42

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 G Underwood

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, fact should be so stated above.