

ED APR 14 1945

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 47

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
 (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 2 years (Specify whether
 In this community 2 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1122 North Mulberry St
 (If rural, give location) no
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME Cortez Penelton Summers
 (b) If veteran, no name war
 (c) Social Security none No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 1
 year 1943 hour 3 minute 45 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Dora Summers 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased March 8 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 31, 1943, to April 1, 1943;
 that I last saw him alive on April 1, 1943;
 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 24 If less than one day hr. min.

Immediate cause of death Cerebral apoplexy Duration 11 days

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

Due to Arteriosclerosis 11 yrs
 Due to Chronic nephritis 15 yrs

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Thomas R. Summers

Major findings: 1316 PHYSICIAN

MOTHER FATHER { 12. Name Unknown Kentucky

13. Birthplace Maryland Carolyn Hackleman

14. Maiden name Marion County Indiana

15. Birthplace Mrs. Dora Summers
 (City, town, or county) (State or foreign country)

Of operations 1316
 Of autopsy

16. Informant: 1122 N. Mulberry Maryville No.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence

(b) Address burial April 3, 1943

(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?

(c) Place: burial or cremation White Road Cemetery Maryville Mo.

(e) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Price Funeral Home

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

(b) Address Maryville Mo

23. Signature W.H. Randsbacher (M. D. or other) RD

19. (a) 4-3-43 (Date received local registrar) (b) Mary Coile (Registrar's signature)

Address Maryville Mo Date signed 4-2-45

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

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..... *W L Lee*.....
Licensed Embalmer No. *2539*.....
P. O. Address *Maryville 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.