

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Jackson City**
(c) Name of hospital or institution: **3242 Holledge /**
(If not in hospital or institution, write street number or locality)
(d) Length of stay: in hospital or institution **1 week**
(Specify whether
In this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME **Jess Summer**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Nancy** alive **March 10 1867** years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **76** Months **2** Days **19** If less than one day hr. min.

9. Birthplace **Ky** (City, town, or county) (State or foreign country)

10. Usual occupation **grocer**

11. Industry or business **Retired**

12. Name **James Summer**

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

14. Maiden name **unknown**

15. Birthplace **9** (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Martin**

(b) Address **16 W. 80 Terrace**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/1/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem**

18. (a) Signature of funeral director **Snow Mayberry**

(b) Address **Lin. D. Jones**

19. (a) **6-1-43** (Date received local registrar) (b) **M. M. Crum** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kalid** (If in city or town limits, write "RURAL")
(d) Street No. **1314** **Charlott** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29th** year **1943** hour **9** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **5-26-43** to **19** to **19**;

that I last saw him alive on **5-26** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation** Duration

Due to **mitral insufficiency**

Due to **Coronary atherosclerosis**

Other conditions (Include pregnancy within 3 months of death) **92 B**

Major findings: Of operations

Of autopsy

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 **Elmer I. Parker** (M. D. or other) Address **3036 Forest H.C. Rd.** Date signed **6/1-43**

For your records
9/6/25

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..... Roy E Snow.....
Licensed Embalmer No..... 2560.....
P. O. Address..... Lin + D Ave.....

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.