

FILED NOV 1 1943
Registration District No. 1799

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4534 Main St rear
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ none non resident
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Northmoor, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Luther Summers

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

3. (c) Social Security No. none

4. Sex male 5. Color or Race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edna Cox 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 5, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Construction

MOTHER FATHER

12. Name James Summers

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

14. Maiden name Emma Bell O'Dell

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

16. (a) Informant Mrs. Edna Summers

(b) Address Northmoor, Mo

17. (a) removal (b) Date thereof Oct 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo

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

(b) Address 3146 Main St

19. (a) 10-9-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th
year 1943 hour 9 minute 00 A.M.

21. I hereby certify that attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Duration _____

Due to _____
Due to 940
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy section
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 W. H. [unclear] (M. D. or other) _____
Address _____ Date 10-9-43

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. E. 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.