

S. No. 2
DM-2-43
v. 5-17-39
-1 X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19317

Registration District No. 381

Primary Registration District No. 4513-

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan (b) City or town Milan
 (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 50 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
 (c) City or town Milan
 (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 Silvanus Wilson Summers
 (b) If veteran, name war No. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day Seventh
 year 1944 hour 4 minute 30 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Laura A. Summers
 (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased March 17, 1871
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 7th to 7th
evening, 1944, to Apr 7th, 1944
 that I last saw him alive on Apr 7th, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Tuberculosis of Respiratory System
 Duration 2 yrs
 Due to J. B. Gern

9. Birthplace Milan, Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Marble cutter

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

11. Industry or business Monument work.
 12. Name John W. Summers
 13. Birthplace Putnam Co., Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Nancy E. Mason
 15. Birthplace Kentucky (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. S. W. Summers,
 (b) Address Milan, Missouri

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? _____

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof Apr. 10/44 (Month) (Day) (Year)
 (c) Place: burial or cremation Oakwood Cem. Milan, Mo.
 18. (a) Signature of funeral director Schoene's Funeral Service (Specify type of place) _____
 (b) Address Milan, Mo. (c) Means of injury _____

23. Signature L. G. Simmons (M. D. or other) D.O.
 Address Milan, Mo. Date signed Apr 11/44

19. (a) May 19/44 (Date received by local registrar) (b) Mrs. L. D. Green (Registrar's signature)

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

0 SA

1170

RECEIVED

District Health Officer No. 10

District File Number 5-44-1020

Date Filed MAY 15 1944

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.....

Licensed Embalmer No. 2016

P. O. Address Milan, Missouri

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.