

No. 2
4-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

122152

State File No.

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Newton Mo.
(b) City or town Stella Mo.
(c) Name of hospital or institution Cardwell Hospital
(d) Length of stay: In hospital or institution 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Nowata
(c) City or town Miami Okla.
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LUELLA SUMMERS
3. (b) If veteran, name war
3. (c) Social Security No. 444-10-2006

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 4 year 1944 hour 5 minute 2 M.
21. I hereby certify that I attended the deceased from 5-30 1944 to 6-4 1944 that I last saw her alive on 6-4 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marion Summers 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Oct - 9 - 1914

Immediate cause of death Paralytic illness
Duration 24 hrs.

8. AGE: Years 29 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Fairland Okla. (City, town, or county) American (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business
12. Name Dave Butterfield
13. Birthplace Lead, Kans.
14. Maiden name Ones Harvey
15. Birthplace Joplin Mo.

16. (a) Informant Ones Smith
(b) Address Joplin Okla.

17. (a) Burial (b) Date thereof 6-6-44
(c) Place: burial or cremation Maize Okla

18. (a) Signature of funeral director D. Cooper
(b) Address Maize Okla

19. (a) 6-8-1944 (b) Alphale Hale Dyer
(Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 172 f 2
Of autopsy

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) (b) Means of injury
23. Signature O. Cardwell (M. D. or other) Stella Mo
Address Date signed 6/14/44

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

300

1317

RECEIVED

July 7, 1944
District Health Officer No.
District File Number 744-138
Date Filed July 7, 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 _____

J. Cooper, Registered Apprentice No. 324000
working under my personal supervision.

Signed J. Cooper

Licensed Embalmer No. 324000

P. O. Address Maui, Oa

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.