

FILED JAN 13 1945

Registration District No. 270Primary Registration District No. 4322

## 1. PLACE OF DEATH:

- (a) County Mercer  
 (b) City or town Princeton  
 (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
- 1
- (Specify whether

In this community All Her Life

years, months or days)

3. (a) PRINT FULL NAME Alice E. Summers3. (b) If veteran,  
name war3. (c) Social Security  
No.4. Sex Female 5. Color or  
race White 6. (a) Single, widowed, married,  
2 divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased Nov 7 1887  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
57 1   hr.  min.9. Birthplace Mercer Co. Mo. 0  
(City, town, or county) (State or foreign country)10. Usual occupation Sec. Mercer Co. Mutual Fire Ins. Co.  
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name John Houser13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)14. Maiden name Rosetta Bowers15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Logan Mason(b) Address 1113 Jackson Chillicothe, Mo.17. (a) Burial (b) Date thereof 12-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Princeton18. (c) Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.19. (a) 12-8-44 (b) Loan Martin  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Mercer 65  
 (c) City or town Princeton 1  
 (If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

- (e) Citizen of foreign country?
- No.
- (Yes or No)

If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7<sup>th</sup>  
year 1944 hour 7:45 minute A M.21. I hereby certify that I attended the deceased from 10:45 PM  
12-6, 1944, to 7:45 AM 12/7, 1944;that I last saw h. er alive on Dec. 7<sup>th</sup>, 1944;

and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

10 hrs.Due to Hypertensive Cardio-  
Vascular Disease5 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

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)  
Means of injury 023. Signature Nancy Lambert (M. D. or other)Address Princeton, Mo. Date signed 12/7/44

1367

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

APR 9

1959

**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 H. Ivan Martin  
Licensed Embalmer No. 3760  
P. O. Address Junciton, 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.**