

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5832

FILED MAR 9 1945

Registration District No.

Primary Registration District No. 5241

Registrar's No.

1. PLACE OF DEATH:

(a) County. Cedar
(b) City or town. Madison Twsp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XXX (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Cedar 20
(c) City or town. Madison Twsp. Rural (1)
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXX (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. XX 0

3. (a) PRINT FULL NAME JERRY THOMAS SUMMERS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE
6. (b) Name of husband or wife. XXXXX 6. (c) Age of husband or wife if alive. XXXXX years
7. Birth date of deceased. Sept. 3 25, 1919 (Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 10 If less than one day hr. min.

9. Birthplace. Cedar County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. XX

11. Industry or business. XX

12. Name. N. T. Summers

13. Birthplace. Cedar Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name. Cleo Taylor (City, town, or county) (State or foreign country)

15. Birthplace. Cedar Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant. N. T. Summers (b) Address. Bear Creek Mo.

17. (a) Burial (b) Date thereof. 1-7-1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lindley Prairie Church and Neale

18. (a) Signature of funeral director. (b) Address. Stockton, Missouri

19. (a) Feb. 28 - 45 (Data received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw h... alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death. Undetermined Duration 3 da.
Due to. Right otitis media 3 da.

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?

(Specify type of place) While at work? (e) Means of injury. 0
23. Signature. Wm. B. Richter (M. D. or other) Address. Stockton, Mo. Date signed. 6-8-45

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

1241

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 *Melvin Church*.....

Licensed Embalmer No. *3272*.....

P. O. Address *Stockton*.....

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.