V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1945

Registration District No. 177

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8826

Primary Registration District No. 1002

Registrar's No. 1160

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: 1230 Huntington Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 1230 Huntington Road
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MELVINIA SUMMERFIELD

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unk.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan (Month) 4 (Day) 1888 (Year)

8. AGE: Years 57 Months 2 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Work

11. Industry or business .....

FATHER
12. Name Henry Hawkins
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Estes
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lester Henderson
(b) Address 2414 E 21 st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 14 (Day) 45 (Year)
(c) Place: burial or cremation Plattsburg Mo

18. (a) Signature of funeral director H B Moore
(b) Address 1820 East 18 st

19. (a) 3-12-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6
year 1945 hour 4 00 minute 4 00 M.

21. I hereby certify that I attended the deceased from Apr 17 1944 to Mar 6 1945
that I last saw her alive on Mar 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Cerebral Hemorrhage

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83a

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 .....

23. Signature J. W. Brown (M. D. or other)

Address 1789 E 12 Date signed Mar 12 45

(Licensed Embalmer's Statement on Reverse Side)

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 B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.