S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9016

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 503 Rogers St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 503 Rogers St. 4
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LEROY BUSH SUMMERS

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Vinnie C. Summers

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

7. Birth date of deceased 6 - 17 - 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	22	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Capt. W.T. Summers
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Sally Hulen
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Major Ralph W. Summers
(b) Address Jacksonville, Texas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 2-11-45 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1945 hour 6 minute 02 P.M.

21. I hereby certify that I attended the deceased from Nov-15-, 1945 to 2-9-, 1945
that I last saw him alive on 2-9-, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	2 days
Due to Arterial Hypertension	?
Due to Arterio-Sclerosis	?
Other conditions: Myocarditis chronic (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

23. Signature Frank E. Dexheimer (M. D. or other) MD.
Address Columbia, Mo Date signed 2-10-45

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-19-45

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 Thos L Zaring

Licensed Embalmer No. 41321

P. O. Address Columbia, 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.