

FILED JUL 24 1945
Registration District No. _____

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1523 South 24th Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 73 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1523 South 24th Street 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary L. Summers

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife George W. Summers

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

7. Birth date of deceased August 5 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	11	12	hr. _____ min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Michael Strominger

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ruth Summers

(b) Address 1523 South 24th Street

17. (a) burial (b) Date thereof 7/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Walter Butler & Bauman

(b) Address 319 South 10th Street

19. (a) 7/19/45 (b) Walter Pickle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1945 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to July 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease, Arteriosclerosis

Duration ?

Due to _____

Due to _____

Other conditions Myocardial Infarction, Glaucoma
(Include pregnancy within 3 months of death)

Major findings: Secondary anemia

Of operations _____

Of autopsy 130

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)

23. Signature Walter Pickle (M.D. or other)

Address St. Joseph, Mo. 7/19/45 Date signed _____

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

Dr. N. W. Carley
Phy. & Surg. Body.

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 Frank A. Brown

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.