

FILED NOV 20 1945

Primary Registration District No. 1000

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

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:  
 411 East Missouri Avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. Not.  
(Specify whether years, months or days)  
 In this community 52 years 8 months 5 days

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. 411 East Missouri Avenue /  
(If rural, give location)  
 (e) Citizen of foreign country? No 0  
(Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME Millard Henry Sommers

MEDICAL CERTIFICATION

3. (b) If veteran, No  
 name war  
 3. (c) Social Security No. 495-01-686

20. DATE OF DEATH: Month October day 28th.  
 year 1945 hour 4 minute 15 A.M.

4. Sex Male  5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lola L. Sommers  
 6. (c) Age of husband or wife if alive 54 years  
 7. Birth date of deceased February 23 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 7 1944 to Oct. 28 1945  
 that I last saw him alive on Oct. 27 1945  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	52	8	5	hr. min.

Immediate cause of death  
 Carcinoma of sigmoid  
 Duration 1 yr.  
 Due to  
 Due to  
 Other conditions  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Chief Police

11. Industry or business Swift & Company

12. Name Henry T. Sommers

13. Birthplace St. Joseph Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Weldon

15. Birthplace St. Joseph Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Lola L. Sommers

(b) Address 411 E. Missouri, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/31/ 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Weierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Nov. 2, 1945 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations operated Mar. 13, 1944  
 and found inoperable Co of Sigmoid  
 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)  
 (e) Means of injury

23. Signature Albert W. Murch (M. D. or other) M.D.  
 Address 706 7/2 St. Joseph, Mo. Date signed Oct. 29, 1945

Mr. J. J. ...

10-21

**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..... *Albert C. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.

**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.