

S. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2662

FILED FEB 15 1946
Registration District No. 120

Primary Registration District No. 5449

State File No. _____

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 38

(c) City or town Stanherry Rural P12 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi S of Stanberry 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs Ira Summers

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1946 hour 5 minute 45 A.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Jan 12 1946
that I last saw her alive on Jan 12-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Edgar Summers

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Nov 11 1876
(Month) (Day) (Year)

Duration _____

Chr. Intestines affected

Due to _____

Due to _____

Other conditions Diabetes M
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 1 Days 3
If less than one day _____ hr. _____ min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy W

9. Birthplace Henry CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER

12. Name Littleton Boyd

13. Birthplace Geo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Herbin

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

16. (a) Informant Mrs. Edgy Summers

(b) Address Stanberry Mo. P12

17. (a) Burial (b) Date thereof Jan 22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Cemetery

18. (a) Signature of funeral director Edgar F. Phillips

(b) Address Stanberry Mo

19. (a) Jan 22-46 (b) Edgar F. Phillips
(Date received local registrar) (Registrar's signature)

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 H. J. Simpson (M. D. or other) _____

Address Stanberry Mo Date signed 1-14-46

103

(Licensed Embalmer's Statement on Reverse Side)

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

607

MAY 16 1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Lator H. Phillips

Licensed Embalmer No. 1898

P. O. Address. Stonbury Md

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.