

FILED SEP 10 1946

Registration District No. 273

Primary Registration District No. 4441

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Clifton Hill
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Clifton Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1946 hour 3:45 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Aug 17
1946 to Aug 26, 1946
that I last saw her alive on Aug 26, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration 4 days

3. (a) PRINT FULL NAME Martha Baker Summers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Giles Summers 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: February 14 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name James Madison Baker

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Celia Baker

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Marion Burton

(b) Address Clifton Hill, Missouri

17. (a) burial (b) Date thereof 8/27/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Henry Cemetery

18. (a) Signature of funeral director Tom B. Patton

(b) Address Hinterville, Mo

19. (a) Aug 31-1946 (b) Mad D. A. Barnhart
(Date received local registrar) (Registrar's signature)

Due to Arterial Sclerosis

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 W. C. Alexander (M. D. or other) _____

Address Clifton Hill, Mo Date signed 8-27-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 9-46-1634
Dns Filed SEP-7-1946

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.