No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 11 1947

Registration District No. 237

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5825

State File No. 28442

Registrar's No. 110

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Risco
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Risco
(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 —

3. (a) PRINT FULL NAME Jessie Franklin Summers
3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie Summers
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased September (Month) 9 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	11	hr. min.

9. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name William Summers
13. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Ann Roberson
15. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Nettie Summers
(b) Address Risco, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Cemetery, Malden
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri
19. (a) 8-30-47 (Date received local registrar) (b) Dr. Geo W Husted (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1947 hour minute 11:30 p.M.

21. I hereby certify that I attended the deceased from Jan 3, 1943, to July 20, 1947
that I last saw him July alive on 1, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Heart Block	
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

93F

PHYSICIAN
Underline the cause of 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 2

23. Signature S. Carlstrom (M. D. or other) DO
Address Malden Date signed July 21/47

Jefferson City Printing Co. 217 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 947-6206
Date Filed 9-9-47

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.