No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 1 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 32240

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 322

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Bonne Terre Hospital
(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 Washington 110
(c) City or town Mineral Point 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. none 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MARVIN EUGENE SUMMERS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec. (Month) 9 (Day) 1938 (Year)

8. AGE: Years 8 Months 9 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Mineral Point (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business .....
FATHER
12. Name Rolla Summers
13. Birthplace Columbia (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Katie Rulo
15. Birthplace Blackwell (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Katie Rulo
(b) Address Mineral Point Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pond Creek Washington Co Mo.
18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Potosi, Mo.
19. (a) 9-22-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1947 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from — ....., 19....., to — ....., 19.....;
that I last saw h. ..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coroner Jury Verdict accidental death | |
| Due to Skull Fracture | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of which death should be charged statistically.

170
21

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 110
(b) Date of occurrence Sept. 17, 1947
(c) Where did injury occur? Mill Creek (City or town) Washington (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #12 (Specify type of place)
While at work? No (e) Means of injury Skull Fracture
23. Signature Berl J. Miller (M. D. or other) coroner
Address Farmington, Mo Date signed 9/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Call. with Pedestrian

RECEIVED

Health Officer No. 4

Number 947-12

9-30-47

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 Murphy L. Spurlock

Licensed Embalmer No. 4236

P. O. Address Flat River 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.