No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 14 1948

Registration District No. 383

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 42246

Registrar's No. 1801

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

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 53 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 222 Felker 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME BEATRICE SUMMERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Black

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 July (Month) 3rd (Day) 1923 (Year)

8. AGE:

Years	Months	Days	If less than one day
24	5	22	hr. min.

9. Birthplace Point Pleasant, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation General housework

11. Industry or business

FATHER
12. Name Arthur Summers 0
13. Birthplace Point Pleasant, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mitchell
15. Birthplace Point Pleasant, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San., Mt. Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director Fred J. Smith
(b) Address 1212 Maud St. Sikeston Mo

19. (a) 1-3-48 (Date received local registrar) (b) C R Philbrick 159 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
year 1947 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 11-5- 47 to 12-27- 47
that I last saw her alive on 12-27- 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	6 months
Tuberculous empyema	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 B
Of autopsy

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 0

23. Signature G. F. Fujikawa (M. D. or other) MD

Address Mt. Vernon Mo Date signed 12/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 148-24
Date Filed FEB 12 1948

JAN 1 - 1948

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 Fred J. Smith

Licensed Embalmer No. 4508

P. O. Address Sikeston, 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.