S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11197

Registration District No. 326 | Primary Registration District No. 1482 | Registrar's No. 326

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

1. PLACE OF DEATH:
(a) County: Scotland
(b) City or town: Memphis (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 years, months or days): Entire life
In this community: Entire life

2. USUAL RESIDENCE OF DEACEASED:
(a) State: Mo (b) County: Scotland
(c) City or town: Memphis (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: John Hayden 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: Widower
6. (b) Name of husband or wife: Mamie Summers
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 1 (Day) 1887 (Year)
8. AGE: Years 61 | Months 10 | Days 17 | If less than one day: hr. min.
9. Birthplace: Scotland Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: W. N. Summers
FATHER 13. Birthplace: Henry Co. Ga (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Anna Yeager
MOTHER 15. Birthplace: Scotland Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Virgil Summers
(b) Address: Memphis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Cantrie Ia
18. (a) Signature of funeral director: Gertie Barkell
(b) Address: Memphis Mo
19. (a) 3/20/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1948 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from Mar 17, 1948, to Mar 17, 1948, that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Block	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to 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:
23. Signature: E. E. Symmonds (M. D. or other) DO
Address: Memphis Mo Date signed Mar 20 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-48-642
APR -7 1948
Date Filed

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 Gerth T Barkett, Registered Apprentice No. 4257, working under my personal supervision.

Signed Gerth T Barkitt

Licensed Embalmer No. 4257

P. O. Address Memphis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.