V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1948

Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18974

Primary Registration District No. 5292

Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Rural Platte Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 miles Northeast of Smithville!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Rural Platte Township
(If outside city or town limits, write "RURAL")

(d) Street No.: 7 miles Northeast of Smithville
(If rural, give location)

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

If yes, name country: None

3. (a) PRINT FULL NAME: Annie B. Summers

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~: Married

6. (b) Name of husband ~~or wife~~: Dick Summers

6. (c) Age of husband ~~or wife~~ if alive: 71 years

7. Birth date of deceased: November (Month) 11 (Day) 1880 (Year)

8. AGE: Years 67 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Elisha Benton
13. Birthplace: (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Rachel Dale
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Dick Summers
(b) Address: Smithville, Missouri R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Smithville, Missouri

18. (a) Signature of funeral director: McCamas Funeral Home
(b) Address: Smithville, Missouri

19. (a) June 19th 48 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 9th year: 1948 hour: 7 minute: 00 P. M.

21. I hereby certify that I attended the deceased from April 4, 1948, to June 9, 1948; that I last saw her alive on June 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arteriosclerosis	
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: Ray F. Lowry (M. D. or other)
Address: Smithville, Missouri Date signed: 6-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 6-23-48

JUL 13 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 Owen J. Bogg and Jr.

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.