

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 16 1949

1345

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>11mo 9-13ds</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KCTB HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>5435 Montgall</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUMMERYVILLE</u> b. (Middle) <u>William</u> c. (Last) <u>Henry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 22 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGR</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>SEPT. 15. 1908</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER Common</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CARBON HILL, ALA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>SUMMERYVILLE PRATT</u>	13b. MOTHER'S MAIDEN NAME <u>FOSTER LOUISE</u>	14. NAME OF HUSBAND OR WIFE <u>SUMMERYVILLE NETTIE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>420-169607</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KANSAS CITY TB HOSPITAL - Leeds, MO</u> ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to March 22, 1949, that I last saw the deceased alive on: March 21, 1949, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George K. Landis</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>K.C. Tubero. Hosp.</u>	23c. DATE SIGNED <u>3/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carbon Hill, Ala</u>	24d. LOCATION (City, town, or county) (State) <u>Carbon Hill, Alabama</u>
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DATE REC'D BY LOCAL REG. <u>3-14-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. W. Jones</u> ADDRESS <u>440 State and K. C. Kansas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ernest English

Licensed Embalmer No. 4105

P. O. Address 440 State Ave.

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.