

Louisville Courier Journal - March 8, 1949

SOMMERS, John D. Monday, March 7, 1949, at 7 a.m., at Nichols General Hospital, in his 52d year, residence, 3028 Greenwood Ave. Beloved husband of Hazel Sommers (nee Peak), father of John Sommers; brother of Therese Zettlenier, San Antonio, Texas; Mrs. Carrie Tygret, Mrs. Julia Thomas of Cincinnati, Ohio; Mrs. Anna Yount of Cropper, Ky.; Anthony Sommers of Florida, Rudy and Charles Sommers of Louisville. Remains at Manning's Funeral Home, 612-614 W Broadway. Funeral Wednesday, March 9, from the chapel at 8:30 a.m., and from Holy Cross Church at 9 o'clock. Interment in St. Michael's Cemetery.

Sommers, John D 1897 - 1949

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		State File No. 5406	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Registrar's No. 1156	
XC-14 422 116		Registration District No. 755		Primary Registration District No. 6101	
1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisville		c. LENGTH OF STAY (In this place) 172 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisville		
d. FULL NAME OF HOSPITAL OR LOCATION Nichols VA Hospital			d. STREET ADDRESS (If rural, give location) 10-2 3028 Greenwood Avenue		
3. NAME OF DECEASED a. (First) John b. (Middle) D c. (Last) Sommers			4. DATE OF DEATH (Month) (Day) (Year) March 7 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1897	9. AGE (In years last birthday) 51	10. If Under 1 Year: Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Louisville, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ruday Sommers			14. MOTHER'S MAIDEN NAME Mary Bump		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I			16. SOCIAL SECURITY NO. 403035740	17. INFORMANT Nichols VA Hospital Records	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis, secondary to Carcinoma of lung, right.			INTERVAL BETWEEN ONSET AND DEATH Unk.
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		3. 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 162x - 47D			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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)	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 Sept 15, 1948 to March 7, 1949 , that I last saw the deceased alive on March 7, 1949 , and that death occurred at 6:58 AM the cause and on the date stated above.					
23a. DATE SIGNED 3-7-49		23b. ADDRESS NVAH, Louisville, Kentucky		23c. SIGNATURE R. S. [Signature], Chief, Professional Services	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 10, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Michaels	24d. LOCATION (City, town, or county) (State) Louisville, Kentucky		
25a. DATE REC'D BY LOCAL REG. MAR 9 1949		25b. REGISTRAR'S SIGNATURE (Regina) M. [Signature]	25c. FUNERAL DIRECTOR John W. Manning & Sons, 612 W. Broadway, Louisville, Ky.		