

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13706

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township York Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 72 C Gen Hosp Registered No. 1686 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Sumner Robert 165-500
 (a) Residence, No. 814 Harrison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widower
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Yorkenaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1877

7. AGE YEARS 60 MONTHS 9 DAYS 22 If LESS than 1 day,hra. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labrer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME John Sumner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va15. MAIDEN NAME Luzie Whaley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key17. INFORMANT (ADDRESS) Re in a Clerk18. BURIAL, CREMATION, OR REMOVAL PLACE Wood & Co DATE 4-21-3819. FUNERAL DIRECTOR (ADDRESS) Wood - Blair20. FILED Apr 21 1938 R. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 193822. I HEREBY CERTIFY That I attended deceased from 3-31 1938 to 4-13 1938I last saw him alive on 4-13 1938 Death is said to have occurred on the date stated above, at 12:35 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion;
Myocardial infar-
tion with aneurysm

Other contributory causes of importance:

Name of operation Autopsy Date of Yes
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. J. De Maria, M. D.(Address) 72 C Gen Hosp

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)