

REC'D AUG 8 1938

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

24508

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township _____ Primary Registration District No. _____ Registered No. 3013
 (c) City Kansas City (d) Street No. 4914 Holly (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CALVIN HORACE MACUMBER
 (a) Residence, No. 4914 Holly St. 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 (write the word) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Macumber
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Bank
 10. Date deceased last worked at this occupation (month and year) May 1935 11. Total time (years) spent in this occupation 24 years
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester New York
 FATHER 13. NAME Cyrinus Macumber
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, N.Y.
 MOTHER 15. MAIDEN NAME Caroline Harmon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester, N.Y.

17. INFORMANT Marquenia Macumber
 (ADDRESS) O'Connell (daughter)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Orbit, Missouri DATE July 27, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mather
Kansas City, Mo.
 20. FILED July 27, 1938 M. M. Cross
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1937, to July 26, 1938
 I last saw him alive on July 26, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate
retained to bone

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? opsy Was there an autopsy? No

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) Lawrence P. Engel, M.D.
 (Address) Playa Medical Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James Freeman

or by

Registered Apprentice No., working under my personal supervision.

Signed

James Freeman

Licensed Embalmer No. 2939

P. O. Address K.C. 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, above space should be left blank.