

FILED MAR 11 1940
85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5953

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 154

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2709 Patee Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years, months or days (Specify whether)

In this community 35 years, months or days

3. (a) PRINT FULL NAME Paul Collins Gummerson

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Hagel Gummerson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 8 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Berkshire New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Wholesale House

MOTHER FATHER { 12. Name DeForrest P. Gummerson

13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Emilee H. Wilder

15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Lena A Gummerson

(b) Address 2709 Patee, St. Joseph, Missouri

17. (a) removal (b) Date thereof Feb. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director Walter Meinhoff

(b) Address 1302 Faaron Street, St. Joseph, Mo.

19. (a) Feb. 12, 1940 (b) W.D. Duesterhaus
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 2709 Patee Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1940 hour 1 minute 8 a. m.

21. I hereby certify that I attended the deceased from February 4, 1940, to Feb. 10, 1940, that I last saw him alive on Feb. 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 days

Due to Hypertension

Due to Atherosclerosis

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? _____

23. Signature Walter B. McDonald (M. D. or other) M.D.
Address 301 North Eighth Date signed 2/12/40

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 *A. H. Kelly*.....

Licensed Embalmer No. 3946.....

P. O. Address St. Joseph, Missouri.....

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.