

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17689**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2216**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **2843 Tracy**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **About 50 years** (Specify whether years, months or days)
In this community **About 50 years**

3. (a) PRINT FULL NAME **Arthur Edwin Cummer 560**

8. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Ma** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mrs. Rhoda Cummer** 6. (c) Age of husband or wife if alive **21** years
7. Birth date of deceased **April 21 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **8** If less than one day hr. min.

9. Birthplace **Columbus Grove Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Salesman**

11. Industry or business **Wm. Volker & Co.**

12. Name **No Record**

13. Birthplace **"** (City, town, or county) (State or foreign country)

14. Maiden name **"**

15. Birthplace **"** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Robt. E. Cummer**

(b) Address **3242 Mersington**

17. (a) **Burial** (b) Date thereof **May 31 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Subetta Kansas**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **May 30, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2843 Tracy**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**
year **1940** hour **9:00** minute **00** A. M.

21. I hereby certify that I attended the deceased from **5-9-39**
to **5-29-1940**
that I last saw him alive on **5-29-1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **5-da**

Due to **Hypostatic condition**

Due to **Hypertension - chronic myocarditis & chronic nephritis - general - good standing**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Alvin Switzer** (M. D. or other) **5-29-40**

Address **636 1/2 E. 11th St. KC Mo** Date signed **5-29-40**

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, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address 11 E 7th

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.