S. No. 2
—11-10-39
5-17-39
» I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20734

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2351

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3223 Harrison Street (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution ------- (Specify whether In this community 50 Years years, months or days)

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") 0

(d) Street No. 3223 Harrison Street (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. John Joseph Dum 5(7)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mattie R. Dum

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June (Month) 16 (Day) 1859 (Year)

8. AGE: Years 80 Months 11 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Amanda (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Machinist 1

11. Industry or business 1

FATHER
12. Name John Joseph Dum
13. Birthplace Keokuk (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Rebecca Warner
15. Birthplace Circleville (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mattie R Dum
(b) Address 3223 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) June 9, 1940 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3 yrs. July 1, 1937 to June 8, 1940 that I last saw him alive on June 7th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate 51

Due to

Due to

Other conditions Malnutrition (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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) no

(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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury: ✓

23. Signature M. F. Lewell (M. D. or other) MD

Address 1000 E. Armour Date signed 6-8-40

(Licensed Embalmer's Statement on Reverse Side)

1000 East Armour
11-14-7.8

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.