

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2516

**FILED JUL 3 1940**

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:  
4932 South Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 13 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Nelle M. Cummings 552

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Clarence S. Cummings 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 1, 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 18 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Nathan Maggard

18. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Alice E. O'Brien

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

16. (a) Informant Edwin M. Cummings

(b) Address 4435 Jarboe

17. (a) Burial (b) Date thereof June 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) June 20, 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. 4932 South Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1940 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 18, '39  
\_\_\_\_\_, 19\_\_\_\_, to June 19, 19\_\_\_\_  
that I last saw her alive on June 19, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
CORONARY OCCLUSION Duration 4 DAYS

Due to \_\_\_\_\_  
9480

Other conditions HYPERTENSIVE LOU  
(Include pregnancy within 3 months of death) 25.

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 A. C. Zentgraf (M. D. or other) M.D.  
Address 6944 Over Date June 19, 40

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

MOTHER FATHER

**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

*Elmer Wideman*

Licensed Embalmer No.

*3495*

P. O. Address

*Yonkers City, N.Y.*

**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.**