

S. No. 2  
M-5-42  
5-17-39  
P1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23629

State File No. ....

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2688

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: Research Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community 60 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3425 Locust Street  
(If rural, give location) C  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mr. Thomas Summers

3. (b) If veteran, name war No 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. Carrie Summers 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased (Month) 9- (Day) 14 (Year) 1866

8. AGE: Years 75 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation Engineer - Retired 18 Years

11. Industry or business George B. Peck Dry Goods Co.

12. Name Robert Summers

13. Birthplace Clay Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name unk.

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

16. (a) Informant Mrs. E. H. Wittle

(b) Address Hotel President

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Temple

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-14-42 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 9 1942, to July 12 1942; that I last saw him alive on July 12 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration Fast

Due to Acute Hemorrhagic Pancreatitis 3-4 days

Due to 128

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations acute Pancreatitis Of autopsy F at necrosis of il. time destruction 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?

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

23. Signature Harold M. Roberts (M. D. or other) M. D.

Address 1109 Grand, KCM Date signed 7-13-42

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

**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 Ke no

**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, fact should be so stated above.**