

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: General Hospital  
In Ambulance en route from 4011 Woodland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital of institution 0 Minutes  
In this community 30 Years (Specify whether 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")  
(d) Street No. 4011 Woodland Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

3. (a) PRINT FULL NAME Mr. Thomas Gorman Chumley  
(b) If veteran, name war No (c) Social Security No. 494-12-8294

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 10th  
year 1943 hour -- minute -- M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Nellie Chumley  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased May 21 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1943 to 1943;  
that I last saw him alive on 1943;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>20</u>	<u>19</u> hr. min.

Immediate cause of death Lobar Pneumonia  
Due to 108  
Due to 108

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

10. Usual occupation Grocer

11. Industry or business Sabin Grocery - 69th & Prospect

MOTHER FATHER { 12. Name Daniel W. Chumley  
13. Birthplace Unknown Virginia  
14. Maiden name Unknown  
15. Birthplace Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations See above  
Of autopsy See above

16. (a) Informant Mrs. Nellie Chumley  
(b) Address 4011 Woodland Avenue

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Jan. 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial of cremation Forest Hill Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury M.O.

18. (a) Signature of funeral director O. H. Newcomer  
(b) Address 1401 Brush Creek Blvd.

23. Signature O. E. Usher (M. D. or other) \_\_\_\_\_

19. (a) 1-12-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Address 23rd McCoy Date signed 1/10/43

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..... *C. Hervey Quisenberry*  
Licensed Embalmer No..... *4070*  
P. O. Address..... *KC 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, fact should be so stated above.**