

FILED MAR 3 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

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 No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11-24-42-2-17-43**
(Specify whether years, months or days)

In this community **42** 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. **1515 Oak**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **KATIE CUMMINGS**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **Geo. Cummings**

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

7. Birth date of deceased **March 12 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	5hr.min.

9. Birthplace **Summerville Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Caroline Reeves**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **burial** (b) Date thereof **2/25/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Woodlawn Cem. K.C.**

18. (a) Signature of funeral director **Hickman Bros**

(b) Address **1729 Lydia, Kansas City**

19. (a) **2-24-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **17**
year **1943** hour **9:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **November 24 1942** to **February 17 1943**
that I last saw her alive on **February 17 1943**
and that death occurred on the date and hour stated above,
Immediate cause of death **Cerebral Apoplexy** Duration

Due to **Hypertensive type heart disease**

Due to **935**

Other conditions **935**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **935**

Of autopsy **935**

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?
K.

While at work? **0** (Specify type of place) (e) Means of injury **0**

23. Signature **A. O'Brien** (M. D. or other) **0**

Address..... Date signed.....

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 *Jerome Maulore*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.