S. No. 2
M—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5104

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: Menorah Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Days (Specify whether years, months or days)
In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 9
(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 4016 South Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: MRS. LUCINDA CUMMINGS

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Francis M. Cummings

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

7. Birth date of deceased: January (Month) 2, (Day) 1857 (Year)

8. AGE: Years 86 Months 1 Days 21 If less than one day: hr. min.

9. Birthplace: Butler, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Athol Herrell
13. Birthplace: (City, town, or county) Ky. / (State or foreign country)

MOTHER
14. Maiden name: Sarah Beaman
15. Birthplace: (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant: Mrs. Alice Schwartz
(b) Address: 4016 South Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem. Butler, Mo.

18. (a) Signature of funeral director: John W. Wagner
(b) Address: Kansas City, Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd year 1943 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb 16, 19 43 to Feb 23rd, 19 43 that I last saw him alive on Feb 23rd, 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic fibrocardial disease, pneumonia

Due to: Intra-abdominal Fracture of Right Femur

Due to: —

Other conditions (Include pregnancy within 3 months of death): —

Major findings: Of operations: —

Of autopsy: —

Duration: 18 hr 14

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): accident Feb 16-1943
(b) Date of occurrence: 123 Feb 16-1943
(c) Where did injury occur? Kansas City Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In her own home (Specify type of place)
While at work? no (e) Means of injury: Fell and broke hip
23. Signature: Joseph Gettelson (M. D. or other) M.D.
Address: 1209 Gibraltar Bldg. Date signed 2-24-43

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1943

APR 5 1943

Joseph Gelelson M.D.
Rialto Bg. Ha 1180
9th & Grand until 6 P.M.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Missou

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.