

FILED FEB 6 1945
 Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **398**

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: **North East Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 hrs**
 In this community **1 yr** (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. **2418 Bales**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Edward LeRoy Cummings**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **1** day **24**
 year **1945** hour **5** minute **15 P.M.**
 21. I hereby certify that I attended the deceased from **1-23**
1945 to **1-24** 19**45**
 that I last saw him alive on **1-24** 19**45**
 and that death occurred on the date and hour stated above.
 Immediate cause of death: **Bilateral Lobes Pneumonia**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **1944** years
 7. Birth date of deceased **Jan 21** (Month) (Day) (Year)

Duration **7 1/2 days**

8. AGE: Years **1** Months **0** Days **3** If less than one day **1** hr. **1** min.

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

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Elmer E Cunningham**

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

14. Maiden name **Rose Trahuba**

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

16. (a) Informant **Elmer E Cunningham**
 (b) Address **2418 - Bales**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan - 26 - 45** (Month) (Day) (Year)
 (c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **W. B. Brock**
 (b) Address **Kansas City, Mo**

19. (a) **1-25-45** (Date received local registrar) (b) **P. E. Brown** (Registrar's signature)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy **Bilateral Lobes Pneumonia**

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) (Specify means of injury)
 23. Signature **W. B. Brock** (M. D. or other) _____
 Address **3110 E 27, I.C. Mo** Date signed **1-28-45**

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

C. N. Wise

..... Licensed Embalmer No.....

2570

..... P. O. Address.....

Remo

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.