

FILED MAY 27 1946
 STANDARD CERTIFICATE OF DEATH
 Registration District No. **149** Primary Registration District No. **1002**

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. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 hrs.**
(Specify whether
 In this community **32 years**
years, months or days)

3. (a) PRINT FULL NAME **Bert Summerhill**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **1880** years
 7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **65** Months Days If less than one day
hr. min.

9. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 10. Usual occupation **None**

MOTHER FATHER
 11. Industry or business
 12. Name **Unknown**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
 (b) Address **K.C. General Hosp #1**
 17. (a) **Burial** (b) Date thereof **5-18-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mapel Hill K.C.K.**

18. (a) Signature of funeral director **Weilert Funeral Home**
 (b) Address **Kansas City, Missouri**
 19. (a) **5-17-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **560 Oak**
(If rural, give location)
 (e) Citizen of foreign country? **Unknown** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **12**
 year **1946** hour **10** minute **30 P.M.**
 21. I hereby certify that I attended the deceased from **May**
12 19**46** to **5-12** 19**46**
 that I last saw **him** alive on **5-12** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular disease**
 Due to
 Due to
 Other conditions **83a**
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy **None**
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
 23. Signature **Wm W Hart** (M. D. or other)
 Address **Med. Dir. Gen'l Hosp.** Date signed **5-13-46**

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

D. R. Jones

APR 17 1947

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..... *Blaine E. Walcutt*

Licensed Embalmer No. : *4075*

P. O. Address..... *K.C. 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.