DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40610

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 5469

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: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-2 days (Specify whether years, months or days)

In this community 2 months

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.: 408 South Van Brunt (If rural, give location)

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

If yes, name country: /

3. (a) PRINT FULL NAME: Donald Gumminger

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

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: none

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

7. Birth date of deceased: October (Month) 26, (Day) 1946 (Year)

8. AGE: Years 0 | Months 2 | Days 2 | If less than one day: hr. min.

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

10. Usual occupation: Infant

11. Industry or business:

FATHER 12. Name: John M. Gumminger

FATHER 13. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Nadine Mae Brown

MOTHER 15. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. John M. Gumminger

(b) Address: 408 So. Van Brunt, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar

(b) Address: Kansas City, Missouri

19. (a) 12-30-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 46 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from 12-27-46, 19__, to 12-28, 1946, that I last saw him alive on 12-28, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Bronchial	
Due to:	
Due to:	
Other conditions: Cerebral aplasia (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 57

Of autopsy: Cerebral aplasia, Pneumonia & hydronephrosis

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) (e) Means of injury: —

23. Signature: Paul J. Preston (M. D. or other) MD

Address: St Luke's Hosp KCMo Date signed 12-28-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4063

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.