No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32848

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4227

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. MARY'S HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 22 days (Specify whether
In this community 30 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 80
(d) Street No. 311 WEST-13TH STREET (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - - - -

3. (a) PRINT FULL NAME MR HERBERT G. CUMMINS
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 MARRIED
6. (b) Name of ~~husband or~~ wife MRS. ELLA EDNA CUMMINS
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JANUARY 17 1875 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days ~~29~~ 28 If less than one day ..... hr. ..... min.

9. Birthplace CHAMPAGNE (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation TICKET TAKER + CHARGE OF CONCESSIONS
11. Industry or business MUNICIPAL AUDITORIUM
FATHER
12. Name WILLIAM A. CUMMINS
13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name ELIZABETH UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) IRELAND (State or foreign country)
16. (a) Informant MRS ELLA E. CUMMINS
(b) Address 311 W. 13th ST. K.C., MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. A. Newcomer's Sons
(b) Address 1401-BROSH CREEK BLVD.
19. (a) 10-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 15TH year 1948 hour 8 minute 50A M.
21. I hereby certify that I attended the deceased from 9/24/48, 19..., to 10/15/48, 19...; that I last saw him alive on 10/15/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of the liver.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1246	
Of autopsy See above	

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 C. G. Leitch (M. D. or other)
Address 1109 Prospect Kansas Date signed 10/16/48

(Licensed Embalmer's Statement on Reverse Side)

1109 Independence Reg.
9:30-5:00

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 Royle L. Daniel, Registered Apprentice No. 278, working under my personal supervision.

Signed Edi and M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.