

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13445

FILED APR 25 1957

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1635

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>on street at 3133 Mc Lee</i>		Length of stay in 1b <i>10 yrs?</i>	d. STREET ADDRESS (If outside, give location) <i>3133 Mc Lee</i>
3. NAME OF DECEASED (Type or print) First <i>Jahn</i> Middle <i>Sumner</i> Last <i>Sumner</i>		4. DATE OF DEATH Month <i>4</i> Day <i>5</i> Year <i>57</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-5-95</i>
9. AGE (In years last birthday) <i>61</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Mins. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Mins. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Cabinet Maker</i>	11. BIRTHPLACE (City and state or country) <i>unknown</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>unknown</i>	
14. MOTHER'S MAIDEN NAME <i>unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>unknown</i>	
16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT <i>Jackson County, Mo. Person</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cause of death unknown</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7955</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).			19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. C. E. ... Coroner</i>		22b. ADDRESS <i>6627 Prairie St. Kansas</i>	22c. DATE SIGNED <i>4-7-57</i>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL <i>Burial</i>	23b. DATE <i>4-9-57</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>Atchison Kansas</i>
24. FUNERAL DIRECTOR <i>H. Ferguson &amp; Sons</i>	ADDRESS <i>1415 N. 1st St. Kansas</i>	25. DATE RECD. BY LOCAL REG. <i>4-8-57</i>	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Geo. C. Kealhofer

Health, & Welfare Public Service  
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5. 300  
7. 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John R. Dilson*  
Licensed Embalmer No. 45  
P. O. Address Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.