

REC'D JUN 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18838

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 554
(c) City Kansas City (d) Street No. 2121 Sterling Ind. Independence Mo. St. 157
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2121 Sterling Ind. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate C. Nisey Tummel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandwich Illinois

FATHER 13. NAME William F. Tummel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) P. D. Train 2121 Sterling Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash Cemetery DATE 5/12/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine-McClure Kansas City Mo.

20. FILED 5-15-39 F. L. Leach Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/39

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1938, to May 10 1939

I last saw him alive on May 9 1937 Death is said to have occurred on the date stated above, at 3:15 m. A

The principal cause of death and related causes of importance were as follows:

BronchoPneumonia Date of onset 5-6-39

Other contributory causes of importance:

by Sept 15 - 25th 38 had a

Prostatic abscess & was operated

by Dr. Lee Zappman at Wesley

Hospital, Kansas City, Mo.

Name of operation Prostatic abscess Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify (Signed) W. H. Miller M. D.

(Address) Independence Mo.

258-
Thiruvakur
over 15. NATH. B. B. A. T.
Jan. 23 43
A. C. M. Allen Jun. 1

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.....

P. O. Address.....

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, above space should be left blank.