

Registration District No. **299**

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:  
**1736 Troost Avenue-City Mattress Co.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3**  
(Specify whether)

In this community **8 Years**  
years, months or days

3. (a) PRINT FULL NAME **Harold Arthur Summerhouse**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **495-05-4227**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Ruth Ann Summerhouse** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased: **August 31 1902**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>38</b>	<b>4</b>	<b>18</b>	hr. min.

9. Birthplace **Galva Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mattress Finisher**

11. Industry or business **City Mattress Company**

12. Name **Peter Summerhouse**

13. Birthplace **Tipton Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Olive Keyes**

15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. A. Summerhouse**  
(b) Address **2732 Charlotte**

17. (a) **Burial** (b) Date thereof **Jan. 20, 1941**  
(Burial, cremation, or removal) **Highland Park Cemetery**

(c) Place: burial or cremation **Kansas City, Kansas**

18. (a) Signature of funeral directors **S. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Jan 20 1941** (b) **M. M. Crowe**  
(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. **2732 Charlotte Street**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **--** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18th**  
year **1941** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **1941** to **1941** that I last saw him on **Jan 18 1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **Subacute Tuberculosis**

Due to **Highly**

Due to **630**

Other conditions (include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy

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)  
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 **3**

23. Signature **Russell** (M. D. or other)  
Address **601** Date signed

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

MOTHER FATHER

nc

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Ke 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.**