

FILED JAN 3 1949  
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **5249**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Wheatley Provident Hosp.**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)

In this community **25 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1914 E. 13th St.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **MITCHELL CUMMINGS**

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

3. (c) Social Security No. **487-07-8175**

4. Sex **Male** 5. Color or race **Col.**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none**

6. (c) Age of husband or wife if alive **14** years

7. Birth date of deceased **Oct. 14 1884**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>59</b>	<b>1</b>	<b>26</b>	hr. min.

9. Birthplace **Stamps - Ark 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundry Wash man**

11. Industry or business **Silver Laundry**

12. Name **Tom Cummings**

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

14. Maiden name **Anna Hagood**

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

16. (a) Informant **Roberta Morrow**

(b) Address **Stamps Arkansas**

17. (a) **Removal** (b) Date thereof **12 13 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stamps Arkansas**

18. (a) Signature of funeral director **A. M. Hudson**

(b) Address **1513 Troost ave.**

19. (a) **12-13-43** (b) **M. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10**  
year **1943** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **Dec 11 1943**  
**4:10** P.M. to **Dec 11 1943**  
**11** A.M. and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**  
Due to **arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death) **830**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 **L. V. Miller** (M. D. or other) \_\_\_\_\_

Address **1203 Paseo** Date signed **12-13-43**

**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 *Wm. Quenton*  
Licensed Embalmer No. *2007*  
P. O. Address *K.C. Kans*

**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.**