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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1772  
Registrar's No. 393

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 2711 Kensington /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 years  
In this community 10 years  
years, months or days

3. (a) PRINT FULL NAME Mary Eliza Summerskill  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Fe.  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife John William  
6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased July 7, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 6 16 hr. min.

9. Birthplace Knobnoster Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER  
12. Name Robt. W. Tharrington  
13. Birthplace Ky.  
14. Maiden name Harriett Porter  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Summerskill  
(b) Address 2711 Kensington  
17. (a) Removal (b) Date thereof 1/24/44  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Knobnoster, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(b) Address Kansas City, Mo.

19. (a) Jan 24 1944 (b) J. B. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 2711 Kensington  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23  
year 1944 hour 4 minute 45 A. M.  
21. I hereby certify that I attended the deceased from Dec 30, 1943 to Jan 23, 1944  
that I last saw her alive on Jan 5, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Chr. Rheumatism  
Due to  
Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy 93e'  
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?

23. Signature J. B. Brown (M. D.)  
Address 814 Professional Bldg Date signed 1/23/44  
While at work? (Specify type of place)  
Means of injury

*Dr. Deane Rising*

emb. 5

**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 *B. H. Blackman*

Licensed Embalmer No. 2244

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, fact should be so stated above.**