S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29611

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3658

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:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years 3 Mos (Specify whether
In this community 3 years 3 Months years, months or days)

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")

(d) Street No. 5331 Highland 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. MARY CUMMINGS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife No record

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

7. Birth date of deceased Dec 9 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	8	22	hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Peter McCabe
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Byrne
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister St Theile
(b) Address 5331 Highland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Quirk and Tobin Co
(b) Address 20 West Linwood

19. (a) 9-4-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day Sept year 1945 hour 3;00 minute P M.

21. I hereby certify that I attended the deceased from Feb 7th 1945 to Sept 1 1945 that I last saw her alive on Sept 1 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	4 hours
Due to Chronic Myocarditis	8 years
Due to Essential Arterial Hypertension	12 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy No

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John T Skinner (M. D. or other) MD
Address Bryant Bldg Date signed 9/2/45

(Licensed Embalmer's Statement on Reverse Side)

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.