

No. 2-45 7-39 X47070

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

30209

State File No.

FILED SEP 16 1946

Registration District No. Primary Registration District No. 1002 Registrar's No. 3824

1. PLACE OF DEATH: (a) County Jackson (b) City or town Kansas City (c) Name of hospital or institution: 2928 Prospect Kansas City, Mo. (d) Length of stay: In hospital or institution None In this community 31 years

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Jackson (c) City or town Kansas City (d) Street No. 2928 Prospect (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Francis Maurice Cummings (b) If veteran, name war No (c) Social Security No. 494-12-1957 (4) Sex Male (5) Color or race White (6) (a) Single, widowed, married, divorced Married (6) (b) Name of husband or wife Agnes Cummings (6) (c) Age of husband or wife if alive 63 years (7) Birth date of deceased August 8th, 1873

MEDICAL CERTIFICATION 20. DATE OF DEATH Month Sept. 7 th year 1946 hour 3 minute 30 A.M. 21. I hereby certify that I attended the deceased from Jan 7, 1946, to Sept 7, 1946 that I last saw him alive on Sept 1, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 0 Days 29

Immediate cause of death Sepsis Due to Atelactasis from metastasis of both lungs of Primary Carcinoma of the Prostate. Other conditions 5/18

9. Birthplace: Evansville Indiana

Major findings: Of operations: Of autopsy: Primary Carcinoma of Prostate metastatic to both Lung and Cervix.

10. Usual occupation: Lawyer Law practice

11. Industry or business: Law practice

12. Name: J. William Cummings

13. Birthplace: Unknown Indiana

14. Maiden name: Maria Cassidy

15. Birthplace: Unknown Indiana

16. (a) Informant: Mrs. Agnes Cummings (b) Address: 2928 Prospect, Kansas City Mo.

17. (a) Burial (b) Date thereof: 9-9-46 (c) Place: burial or removal: Calvary Cemetery (d) Signature of funeral director: Melody-McGilley-Eylar (e) Address: 1800 Linwood Blvd. K.C. Mo. (f) Date received local registrar: 9-7-46 (g) Registrar's signature: Geraldine Holmes

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? (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: G. J. Regan (M. D. or other) Address: 1612 Prof. Bldg. Date signed: 9/7/46

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

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

Blair E. Heck

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.