S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1033

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 158

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

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: 667 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Month
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. 667 Park 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RICHARD C. CUMMONS
3. (b) If veteran, name war No
3. (c) Social Security No. 500-01-3473
4. Sex Male 9
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 2
6. (b) Name of husband or wife Marie Cummons
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April (Month) 21 (Day) 1899 (Year)

8. AGE: Years 48 Months 8 Days ~~21~~ 19 If less than one day ..... hr. ..... min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
FATHER
12. Name George Cummons
13. Birthplace No record 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Schrader
15. Birthplace No record 9 (City, town, or county) (State or foreign country)
16. (a) Informant Olav Ray Cummons
(b) Address 667 Park
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Cassville, Mo
18. (a) Signature of funeral director Turk and Tobin
(b) Address 20 West Linwood
19. (a) 1-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10th day Jan
year 1948 hour 9:20 minute A M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner 94
Major findings:
Of operations
Of autopsy History & Inspection

Duration

PHYSICIAN
Underline the cause of 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) 0
While at work? Means of injury
23. Signature A. E. Apsher (M. D. or other) MD
Address 2800 Main Date signed 1/11/48

Jefferson City Printing Co. (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 Howard W. Farmer

Licensed Embalmer No. 4134

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.