

No. 2
-5-43
-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32866**
4243
Registrar's No. _____

FILED NOV 6 1948
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**
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
1113 East, 11-St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **39 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1113 East, 11-St.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Ray Naismith Dumm**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **492-14-3683**

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

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **June 17 1892**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56	4	1	hr. min.
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9. Birthplace **Dewitt Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Musician**

11. Industry or business _____

12. Name **John Milton Dumm**

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

14. Maiden name **Mary Francis Naismith**

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

16. (a) Informant **Mrs Pearl Florence Wilson (sister)**

(b) Address **1113, East-11-St.**

17. (a) **Burial** (b) Date thereof **Oct-21-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Mrs C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **10-19-48** (b) **Gertrudine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct. 18, 1948**
year **1948** hour **3** minute **40 P.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 **Circulatory Failure**
Bleeding Gastric Ulcer

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **See Above**

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? _____

A. E. Upsher (Specify type of place) _____
While at work _____ means of injury _____

23. Signature **A. E. Upsher** (M.D. or Ch.M.) _____
Address **2800 Main** _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *Joe B. Godwin*
Licensed Embalmer No..... *4173*
P. O. Address..... *K. C. 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.