

FILED NOV 10 1942

Registration District No. 236

Primary Registration District No. 6206

Registrar's No. 32

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town RAYMONDVILLE MO
(If outside city or town limits, write "RURAL" and name of township) JACKSON TWP
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 85 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS
(c) City or town RAYMONDVILLE
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME MARY MALINDIA CUMMONS

8. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE / race WHITE 5. Color or race _____ 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife MALLOLD CUMMONS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 7 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace PENT CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name ROBERT SHIPP

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

14. Maiden name _____

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

16. (a) Informant DASIE LOND

(b) Address RAYMONDVILLE MO

17. (a) BURIAL (b) Date thereof 10/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIENDSHIP

18. (a) Signature of funeral director Hayward U. Elliott

(b) Address Houston MO

19. (a) Oct. 9 - 42 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1
year 1942 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug, 1940, to Oct 1, 1942

that I last saw him alive on Aug 1, 1942

and that death occurred on the date and hour stated above

Immediate cause of death Edema of lungs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 922

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no

While at work? _____ (Specify type of place) (e) Means of injury ✓

23. Signature Richard Randall (M. D. or other) _____
Address Lusk, Mo Date signed 10/2/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

107
0

107
0

RECEIVED

District Health Officer No. 5,

District File Number 1142961

Date Filed 11-9-42

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.....

NO EMBALMING

....., Registered Apprentice No.

working under my personal supervision.

Signed Frank E. Hood

Licensed Embalmer No. 4024

P. O. Address Houston, 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, above space should be left blank.