

FILED DEC 18 1942

Registration District No. 152

Primary Registration District No. 5473A

Registrar's No.

48
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) On a bar top 1 1/4 mi. S.W.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 77 years -
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Oak Grove
(If outside city or town limits, write "RURAL")

(d) Street No. (Rural) 1 1/4 m. S.W.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Wm Cummins

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mable

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar 20 - 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John B. Cummins

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

14. Maiden name Ruth Horn

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

16. (a) Informant Altha Cummins

(b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof Nov. 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem Cem. Oak Grove

18. (a) Signature of funeral director Miss J. Blunt

(b) Address Oak Grove Mo

19. (a) Nov. 9, 1942 (b) W. J. Plaunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1941
Nov 6 06 to Nov 6, 1942
that I last saw him alive on Nov 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver

Due also to metastasis into the stomach, esophagus & etc

Due to 10/10/02

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none H6

Of autopsy none

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

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

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature W. J. Plaunt (M. D. or other) 0

Address Oak Grove Mo Date signed 0

Duration 18 Mos

PHYSICIAN 0

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..... *R. B. Blue*.....
Licensed Embalmer No..... *2353*.....
P. O. Address..... *Chillicothe, 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.