. S. No. 2
00M—2-43
v. 5-17-39
I X356

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24352

FILED AUG 5 1943

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 820

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1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township) 1

(c) Name of hospital or institution: ~~In Ambulance~~ Seventh & Sylvanie Central Fire Station (If not in hospital or institution, write street number or location)

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

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 1

(c) City or town St. Joseph 7 (If outside city or town limits, write "RURAL")

(d) Street No. 2119 South 12th (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ARTHUR CUMMINGS

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Emma Marie Cummings

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept (Month) 15 (Day) 1876 (Year)

8. AGE: Years 66 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Creston (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation retired Burlington Engineer

11. Industry or business

FATHER
12. Name George Cummings 4 England
13. Birthplace Bliddith Nottinghampshire (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie Bexton
15. Birthplace Swanze (City, town, or county) New Hampshire (State or foreign country)

16. (a) Informant Mrs. Arthur Cummings

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Heaton Bell & Bowman

(b) Address St. Joseph, Mo.

19. (a) 7/15/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on July 13th, 1943 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Diabetes Insipidus	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations Man died suddenly while sitting in a chair at Central fire station.

Of autopsy NOT without any warning of serious illness

PHYSICIAN — Underline the cause to 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)

While at work? (e) Means of injury

23. Signature H F Mundy (M. D. ~~or other~~) Coroner

Address 404 So 3d Date signed 7/13/43

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(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.....Joe B. Yoder.....

Licensed Embalmer No.....4173.....

P. O. Address.....319 S. 10th.....

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.