

FILED JAN 15 1946

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 423

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fuller
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hosp No 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 mo 14 days
 (Specify whether years, months or days)
 In this community 10 mo 14 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Dalene 14
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 469 N Boyd
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ernest D Cummins
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 30 year 1945 hour 8 minute 30 P M.
 21. I hereby certify that I attended the deceased from Dec 1 1945 to Dec 30 1945 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Dallis Cummins
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 9 1870
 (Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis

8. AGE: Years 75 Months 4 Days 21
 If less than one day _____ hr. _____ min.

Due to Generalized arteriosclerosis
 Due to _____

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

Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation farmer

11. Industry or business _____

MOTHER, FATHER {
 12. Name William Cummins
 13. Birthplace Petta Co mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Fannie Davis
 15. Birthplace Petta Co mo
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Dallis Cummins
 (b) Address 469 N Boyd Marshall mo

17. (a) Longwood mo (b) Date thereof 1-2-46
 (Burial) (Month) (Day) (Year)
 (c) Place: burial or cremation Longwood mo

18. (a) Signature of funeral director J. Healy Sweeney
 (b) Address Marshall mo

19. (a) 12-31-45 (b) James Morantoff
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 Signature J. Thomas _____ (M. D. or other)
 Address Fuller mo Date signed 12/30

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 1-14-46

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. 3235

working under my personal supervision.

Signed: J. Leale Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall 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.