

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10298

State File No.

Registrar's No. 15

Registration District No. 268

Primary Registration District No. 5904

1. PLACE OF DEATH:

(a) County Pemisco Rural Rayward
(b) City or town Rural Rayward
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemisco
(c) City or town Rural Rayward
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John William Cummins

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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 MAY 17 1991
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 8 15 hr. min.

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

10. Usual occupation Student

11. Industry or business.....

12. Name Elmer Cummins

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

14. Maiden name Nettie Bell Bruner

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

16. (a) Informant Elmer Cummins

(b) Address Portageville, Mo R#2

17. (a) Burial (b) Date thereof 2-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo

18. (a) Signature of funeral director De Paul Funeral Parlor

(b) Address Portageville, Mo

19. (a) Feb. 31, 1946 (b) Max H. A. Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1946 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from Aug 1946 to Jan 29 1946
that I last saw him alive on Jan 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Osteogenic Sarcoma of Rt Femur with metastases to lungs
Due to.....

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

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

23. Signature John J. Killian (M. D. or other)
Address Portageville Mo Date signed 2/4/46

Duration

5 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3-46-78

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.....

Licensed Embalmer No.....

P. O. Address.....

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.