

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED MAY 19 1947

State File No.

Registration District No. 42

Primary Registration District No. 5130

Registrar's No. 836

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural, Rush township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural Route # 2 Rushville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community 3 Days (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Oliver Cummings

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, widowed  
6. (b) Name of husband or wife Nora Cummings 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased Oct. 19 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 6 22 hr. min.

9. Birthplace Doniphan Co. Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Cummings

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

14. Maiden name Unknown

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

16. (a) Informant Arthur Cummings

(b) Address Rushville, Mo. R.R. #2

17. (a) Burial (b) Date thereof 5/13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kan.

18. (a) Signature of funeral director Samin-Douglass

(b) Address Atchison, Kansas

19. (a) May 13 1947 (b) E. C. Zukawa  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Atchison  
(c) City or town Atchison  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1329 L St.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1947 hour 2 minute A M.

21. I hereby certify that I attended the deceased from May 3 1947 to May 7 1947  
that I last saw him alive on May 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Duration 1 yr.  
Due to Atherosclerosis (Generalized) 10 yr.  
Due to Cerebral Hemorrhage 10 yr.  
Other conditions: (Include pregnancy within 3 months of death)

Major findings:  
Of operations: 93 P  
Of autopsy: 93 P  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature E. C. Zukawa (M.D. or other) \_\_\_\_\_  
Address Atchison, Kan Date signed 5/13/47

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

11  
0  
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**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 J. Meyer  
Licensed Embalmer No. 4320  
P. O. Address Atchison, Kan

**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.**