

FILED NOV 21 1947

Registration District No. **170**

Primary Registration District No. **3033**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **Laclede**  
(b) City or town **Labanon**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Louis Wallace Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **6 hours** in hospital or institution (Specify whether) **3 months** in this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Camden 15**  
(c) City or town **Camden 0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Box 261 0**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Williams Cummins**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **8** year **1947** hour **8:15** minute **2** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw **him** alive on **Nov. 8** and that death occurred on the date and hour stated above.  
Immediate cause of death **Internal Hemorrhage** Duration **7 hrs.**  
**to shock.**

4. Sex **male** 5. Color or race **wh**  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 24 1933**  
(Month) (Day) (Year)

Due to **auto accident**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **14067**  
Of autopsy **of 2**

8. AGE: Years **14** Months **4** Days **14** If less than one day hr. min.  
9. Birthplace **Williston North Dakota**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **School**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident 15**  
(b) Date of occurrence **Nov 8 - 1947 12:30 am**  
(c) Where did injury occur? **Camden Camden MO**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on highway 54 - 5 miles W of Camden**  
While at work? **no** (Specify type of place) (e) Means of injury **Car wreck**

MOTHER FATHER }  
11. Industry or business \_\_\_\_\_  
12. Name **One O Cummins**  
13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Clara Bertha Erb**  
15. Birthplace **Atlantic Iowa**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **One O Cummins**  
(b) Address **Camden, MO**  
17. (a) **burial removed** (b) Date thereof **Nov 10-14 - 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Williston N.D.**  
18. (a) Signature of funeral director **Banks - Woolery**  
(b) Address **Camden, MO**  
19. (a) **Nov. 15, 1947** (b) **One Frank Hughes**  
(Date received local registrar) (Registrar's signature)

23. Signature **W. Carrington** (M. D. or other) **0 11/15/47**  
Address **Labanon, Mo.** Date signed **11/15/47**

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

53  
1  
2

Received 11/19/47

Madison County Health Unit

File No. 11-47-198

Date Filed 11/19/47

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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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address. *Lebanon, 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.