No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 27 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Vinyard

State File No. 767

Registrar's No. 22

39
2
6
0

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether

In this community: 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 1048 E. Walnut
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Gordon W. Cummings

3. (b) If veteran, name war: No

3. (c) Social Security No.: 491-03-6668

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Amy Cummings

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

7. Birth date of deceased: Jan. (Month) 14 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	11	23	....hr. ....min.

9. Birthplace: Chicago (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Purchasing Agent

11. Industry or business: Trailmobile Co.

FATHER
12. Name: Noel Cummings
13. Birthplace: Unknown (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name: Amelia Winters
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Amy Cummings
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 1-9-48 (Date received local registrar) (b) W.T. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1948 hour 4 minute 30a. M.

21. I hereby certify that I attended the deceased from Dec 20 1947 to Jan 6 1948 that I last saw him alive on Jan 6 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 hrs.
Due to: Hypertension	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 83 A	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Robt Vinyard (M. D. or other)

Address: Springfield Mo Date signed 1-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1953

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. 2457

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.