No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5454

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 37

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

1. PLACE OF DEATH

(a) County Marion

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

(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 608 Flora Ave 4
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Harry G. Cummings

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 Married

6. (b) Name of husband or wife Goldie

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

7. Birth date of deceased February (Month) 14 (Day) 1880 (Year)

8. AGE: Years 67 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Barber

11. Industry or business

FATHER
12. Name George Cummings
13. Birthplace — (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Harriette Wolfe
15. Birthplace (City, town, or county) Ind (State or foreign country)

16. (a) Informant Goldie Cummings
(b) Address 608 Flora Ave Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 2-4-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1948 hour — minute — 5 a.m.

21. I hereby certify that I attended the deceased from Jan 1945, 19 to Jan 29, 1948
that I last saw him alive on Jan 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions chr nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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 J. J. Reulman (M. D. or other) M

Address 1001 Bdwy Hannibal Mo Date signed 2-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.