S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15773

Registration District No. 74 — Primary Registration District No. 4133 — Registrar's No. 23

25
0
0

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

1. PLACE OF DEATH:

(a) County Clinton

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

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

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

In this community Entire Life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25

(c) City or town Gower (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Jewell C. Cummings

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

4. Sex Male 0 — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Cummings — 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 25 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63		1	..... hr. ..... min.

9. Birthplace Gower (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Insurance and Real Estate

11. Industry or business .....

FATHER
12. Name Nathaniel Cummings
13. Birthplace (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Amanda Williams
15. Birthplace (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Ruth Cummings
(b) Address Gower Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Allen Cem.

18. (a) Signature of funeral director H. A. Sullins
(b) Address Gower Mo.

19. (a) May 28-48 (Date received local registrar) (b) Eunice Chastain (Registrar's signature) 386

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1948 hour 3:50 minute 8 M.

21. I hereby certify that I attended the deceased from May 24th, 1948, to 4-26-, 1948, that I last saw him alive on 4-26-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	2 days
Due to: arteriosclerosis	several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 830
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 J. C. Stanton MD (M. D. or other)

Address Gower Mo. Date signed 5/27/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 H. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Gower 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.