

DEC 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39272  
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 338  
(b) Township Adams Primary Registration District No. 5479 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

552 Melisa C Cummings  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Cummings  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 2 23  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of MO

FATHER 13. NAME John J. Justus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanit Knaw

MOTHER 15. MAIDEN NAME Sarah E. Fel.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanit Knaw

17. INFORMANT (ADDRESS) Henry C Cummings

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James cont. DATE Oct 9 - 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.D. Haines

20. FILED 12/2 1938 Leopold Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 7 1938

22. I HEREBY CERTIFY, That I attended deceased from 6 - 7 1938, to 9 - 24 1938

I last saw him alive on 9 - 24 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus & Right ovary - Primary probably R. ovary.

Other contributory causes of importance: HA

Name of operation exploratory Date of 3/12/38

What test confirmed diagnosis? Opinion Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W.D. Haines M. D.

(Address) Bethany, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH

**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, W D  
Haines, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 942

P. O. Address Sumner City

**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, above space should be left blank.**