

REC'D MAR 13 1939

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

Dr. A. W. Thomas
6525
Do not use this space.

1. PLACE OF DEATH GREENE
(a) County Registration District No. 318
(b) Township SPRINGFIELD Primary Registration District No. 2001
(c) City (d) Street No. 986 S. Jefferson Registered No. 121
(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.
5-5-39
2. PRINT FULL NAME Jack H. Cummings
(a) Residence, No. 986 S. Jefferson St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Cummings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18, 1874
7. AGE YEARS 64 MONTHS 3 DAYS 21 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Producer
9. Industry or business in which work was done, as saw mill, bank, etc. Produce Co.
10. Date deceased last worked at this occupation (month and year) 10-4-37
11. Total time (years) spent in this occupation 10-4-37

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1939, to Feb 9, 1939
I last saw him alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Coronary Thrombosis
Date of onset: 2/4/39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terra Haute, Ind.

13. NAME J. H.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Mary (Junk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. G. J. Cummings (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Oak DATE 2/11/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. ...

20. FILED Feb 11, 1939 (Address) 324 ...

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *A. W. Thomas*, M. D.
(Address) 324 ...

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.

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.

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, above space should be left blank.