

Registration District No. 85

Primary Registration District No. 1001

State File No. \_\_\_\_\_

Registrar's No. 604

1. PLACE OF DEATH:

(a) County Buckanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Months  
(Specify whether  
In this community 4 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD No 2 Albany  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1940 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1940  
to May 31, 1940  
that I last saw her alive on May 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pericarditis  
Due to Chronic felvix atherosclerosis  
non-specific aortitis.  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature D. W. [unclear] (M. D. or other) 300  
Address 823 Laramie Street Date signed 5-31-40

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

3. (a) PRINT FULL NAME Daisy Young Cummins  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George Dewey Cummings 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased: NOV 1 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 6 30 hr. min.

9. Birthplace Gentry Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. H. Beckett  
13. Birthplace Ray Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Josephine Ruyon  
15. Birthplace Gentry Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Cummins  
(b) Address Albany, Mo

17. (a) Removal (b) Date thereof May 31 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Albany, Mo

18. (a) Signature of funeral director Ray S. Lamey  
(b) Address St Joseph Missouri

19. (a) May 31 1940 (b) A. J. Rattibush  
(Date received local registrar) (Registrar's signature)

**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, <sup>and</sup> or by

*Edric K. Jones*

Registered Apprentice No. *246*

working under my personal supervision.

Signed

*John L. Shurley*

Licensed Embalmer No. *4050*

P. O. Address *St. Joseph 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, above space should be left blank.**