

No. 2  
11-10-33  
5-17-36  
I X21482

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Stamp 1  
State File No. **39458**  
Registrar's No. **349**

Registration District No. **668**

Primary Registration District No. **3031**

1. PLACE OF DEATH:  
(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**615 East 9th. St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days **11**

3. (a) PRINT FULL NAME **Levina Adeline Cummings**  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 11 1858**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**82 3 23** hr. min.

9. Birthplace **Fort Wayne Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

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

MOTHER FATHER  
12. Name **Iseral Cowan**  
13. Birthplace **Dublin Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Eliza Allen**  
16. Birthplace **Dublin Ireland**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **John Hull**

(b) Address **615 East 9th. Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 6/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Gillespie Funeral Home**

(b) Address **Sedalia, Mo.**

19. (a) **Nov 6, 1940** (b) **Mrs. Harry Sneed**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **615 East 9th. St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **4**  
year **1940** hour **6** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Oct 28 1940** to **Nov 4 1940**  
that I last saw her alive on **Nov 4 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral haemorrhage with hemiplegia**  
Due to \_\_\_\_\_  
Other conditions **arteriosclerosis & hypertension**  
(Include pregnancy within 3 months of death)

Major findings: **g.g.w**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Edgar Sneed** (M. D. or other) **11-5-40**  
Address **Sedalia Mo** Date signed **11-5-40**

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12-16-40

**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 *J. L. Baulchin*

Licensed Embalmer No. 3867

P. O. Address Sedalia, Missouri

**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.