

**MAR 14 1941**

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 13

**1. PLACE OF DEATH:**  
 (a) County Cass  
 (b) City or town Harrisonville MO  
(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 ✓ years, months or days

**3. (a) PRINT FULL NAME** Frank E Cummings  
**8. (b) If veteran,** no **3. (c) Social Security** no  
 name war No.

**4. Sex** male **5. Color or** white **6. (a) Single, widowed, married,** married  
 race divorced

**6. (b) Name of husband or wife** Reverina Cummings **6. (c) Age of husband or wife if** 65  
 alive years

**7. Birth date of deceased** Feb 27 - 1871  
(Month) (Day) (Year)

**8. AGE:** Years 69 Months 11 Days 29 If less than one day ✓  
 hr. min.

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

**10. Usual occupation** Farmer

**11. Industry or business** Farmer

**MOTHER FATHER**  
**12. Name** Benjamin Cummings  
**13. Birthplace** Mo (City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Jane Adams  
**15. Birthplace** Mo (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Frank E Cummings

**(b) Address** Harrisonville Mo.

**17. (a) Burial** burial **(b) Date thereof** Feb 28 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Orient Cemetery

**18. (a) Signature of funeral director** RUNNENBURGER'S  
**(b) Address** HARRISONVILLE MO.

**19. (a) 2/27/41** **(b) Seeversley Mo**  
(Date received by registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County Cass 19  
 (c) City or town Harrisonville 1  
(If outside city or town limits write "RURAL")  
 (d) Street No. 0 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ✓ 0 years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 26  
 year 1941 hour 6 - minute A M.

**21. I hereby certify that I attended the deceased from** Jan 10 1941 to Feb 26 1941  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Coronary Occlusion with Arteriosclerosis  
**Due to** Arteriosclerosis

**Other conditions** 94  
(Include pregnancy within 3 months of death)

**Major findings:**  
 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? 845

**While at work** 845 **(Specify type of place)** \_\_\_\_\_ **(Means of injury)** \_\_\_\_\_

**23. Signature** [Signature] **(M. D. or other)** \_\_\_\_\_  
**Address** Harrisonville Mo **Date signed** Feb 27

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

**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 \_\_\_\_\_

*Ernest Runnenbeger*

Licensed Embalmer No. \_\_\_\_\_

*3368*

P. O. Address \_\_\_\_\_

*Harrisonville*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**