

19265

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 7 1943 39
Registration District No. 239

Primary Registration District No. 4502

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Puxico

(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 years, months or days)

In this community 64 Years

3. (a) PRINT FULL NAME Charley W. Cummings

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vina

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct 23 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Stoddard Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Cummings

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Vera Clubb

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charley Cummings

(b) Address Puxico Missouri

17. (a) Burial (b) Date thereof May 7 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Puxico Mo

18. (a) Signature of funeral director Watkins Service

(b) Address Puxico Mo

19. (a) 5-7-1943 (b) J. P. Steinhilber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Missouri (b) County Stoddard

(c) City or town Puxico
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 2:00 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from April 17, 1943, to May 6, 1943, that I last saw him alive on May 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Ordinary old age causes

Due to _____

Other conditions (Include pregnancy within 3 months of death) 102

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 Wm Wiley (M.D. or other) W.D.

Address Puxico Mo Date signed 5/9/43

1102 (Licensed Embalmer's Statement on Reverse Side)

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

Rev. 6-17-39 1 X1931

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.

RECEIVED

District Health Office No. 2,

District File Number 643-748

Date Filed 6-4-43

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 BJ Brentniger
Licensed Embalmer No. 4201
P. O. Address Dexter 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.