

FILED DEC 22 1943
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 5087

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Mansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4809 E. 7th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 4809 E. 7th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mrs. Ella Grace Cummins

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William W. Cummins 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased February 25, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Luther Simmons
13. Birthplace Hopkinsville Ky.
(City, town, or county) (State or foreign country)
14. Maiden name MARY E. McFarland
15. Birthplace Bone Hill Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William W. Cummins

(b) Address 4809 E. 7th St. 9589 Mo.

17. (a) Burial (b) Date thereof Dec 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Mo.

18. (a) Signature of funeral director Ott Mitchell

(b) Address 3109 1/2 Main - Andes Mo.

19. (a) 12-3-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11/29
_____, 1943 to 12/1/43 1943
that I last saw her alive on 12/1/43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration suicide

Due to Complication of
kidneys + heart

Due to 830
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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. C. Russell (M. D. or other)
Address 2231 E. 11th Date signed 12/4/43

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

DEC 27 1923

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925-

P. O. Address Indep. 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, fact should be so stated above.