

FILED FEB 8 1944 7

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 5096

Registrar's No. 5

1. PLACE OF DEATH: Bates  
 (a) County Bates  
 (b) City or town Butler RFD Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1 Mt. Pleasant Lupa  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 30 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Bates  
 (c) City or town Butler  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Mt. Pleasant Lupa  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William S. Cummings  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 16th  
 year 1944 hour 2 minute 45P M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Atberpine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 6th 1864  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 24 1943 to Jan 2 1944  
 that I last saw him alive on Jan 28 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 8 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death General Senility  
Chr. Myocarditis  
 Due to Malnutrition  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Davis County Missouri (City, town, or county) (State or foreign country)  
 10. Usual occupation retired farmer

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Cummings  
 13. Birthplace Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Pleasy Lair  
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Gordon  
 (b) Address RFD Butler Missouri  
 17. (a) Burial (b) Date thereof 1-23-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oakhill Cem. Booths

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?  
 \_\_\_\_\_ (Specify type of injury)  
 While at work \_\_\_\_\_ (Specify type of injury)  
 23. Signature Pauline Hampton (M. D. or other) M.D.  
 Address Butler Mo Date signed 1/19/44

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Butler Missouri  
 19. (a) 1-19-44 (b) Pauline Hampton  
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

Sanitary Health Officer No. 7,

Sanitary Officer 1-44-1910

Date filed 2-7-44

**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.....  
**myself**

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

Signed *John G. Whitewood*  
Licensed Embalmer No. 3585

P. O. Address **Butler 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, fact should be so stated above.**