

FILED JUN 7 1944
Registration District No. 302

Primary Registration District No. 6191

Registrar's No. 14

1. PLACE OF DEATH:

(a) County... Jasper

(b) City or town... Walnut Shade mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home & Hospital Inc
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 60 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... Jasper

(c) City or town... Walnut Shade mo
(If outside city or town limits, write "RURAL")

(d) Street No... Route 1 (If rural, give location)

(e) Citizen of foreign country?... (Yes or No)
If yes, name country... no

3. (a) Robert Webb Pickett Cummings
FULL NAME

3. (b) If veteran, name war... ✓

3. (c) Social Security No... ✓

4. Sex... mal

5. Color or race... W

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

6. (b) Name of husband or wife... no

6. (c) Age of husband or wife if alive... 1854 years

7. Birth date of deceased... Dec 12 (Month) 1854 (Day) 1854 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 26
year... 1944 hour... 10:55 minute... P. M.

21. I hereby certify that I attended the deceased from... April 12 1944 to... April 26 1944
that I last saw him alive on... April 26 1944
and that death occurred on the date and hour stated above.

8. AGE: Years... 89 Months... 4 Days... 14
If less than one day hr... min...

9. Birthplace... Chester Co MO (City, town, or county) (State or foreign country)

10. Usual occupation... Farmer

11. Industry or business... Farmer

12. Name... Cap Vance Cummings

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

14. Maiden name... Deperysetta Moore

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

16. (a) Informant... Walter Cummings

(b) Address... Walnut Shade mo

17. (a) Burial (burial, cremation or removal) (b) Date thereof... April 28 1944 (Month) (Day) (Year)

(c) Place: burial or cremation... Walnut Shade mo

18. (a) Signature of funeral director... Harry T. Evans

(b) Address... Parisville Tenn

19. april 28 1944 (Date received local registrar)

Immediate cause of death... Myocarditis

Due to... traenic bronchitis

Due to...

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? (Specify type of place)

While at work? (e) Means of injury...

23. Signature... Harry T. Evans (M. D. or other) no

Address... Parisville Tenn Date signed... 4/27/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 644-671

Date Filed JUN 5 1944

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.....

not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Minnie L. Wheeler

Licensed Embalmer No. 22 77

P. O. Address Bronson

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Janey
Registrar's No. 24

Registration District No. 352 Primary Registration District No. 6191

1. PLACE OF DEATH:
(a) County Janey
(b) City or town Walnut Shade - Janey
(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 Rucker W.P. 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 W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 12 1894
(Month) (Day) (Year)

8. AGE: Years 89 1/4 Months _____ Days _____ (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April year 1984 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above
Immediate cause of death Myocardial infarction

Due to chronic pressure
don't know cause as I only know
Due from last 2 or 3 days of illness
but it probably followed chronic
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.
131 b

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 Harry T. Evans (M. D. or other) MD
Address Branch, Mo Date signed 6/13/84

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

SUPPLEMENTARY

19321