V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34315

Registration District No. 133 Primary Registration District No. 2022 Registrar's No. 111

41 1 1

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Cainsville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vincle A. Cummings
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Cummings
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased November 10 1889 (Month) (Day) (Year)
8. AGE: Years 54 Months 11 Days 1 If less than one day hr. min.
9. Birthplace Harrison County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Henry Cummings 0
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Malecia Justice
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Grace Cummings
(b) Address Cainsville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery Blue Ridge Mo
18. (a) Signature of funeral director [illegible]
(b) Address Cainsville, Mo.
19. (a) Oct. 31-1944 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th year 1944 hour Eight minute A. M.
21. I hereby certify that I attended the deceased from Oct. 1, 1944 to Oct. 11, 1944; that I last saw him alive on Oct. 11, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pancreatitis	10 days
Due to	
Due to 128	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Acute Pancreatitis	
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 [illegible] M. D. (or other)
Address Bethany Missouri Date signed 10/12/44

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(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

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~~

Eddie J. Stoklasa, Registered Apprentice No.

working under my personal supervision.

Signed E J Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.