

FILED JUN 9 1945

Registration District No. _____ Primary Registration District No. **5000**

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

1. PLACE OF DEATH:

(a) County **Adair Rural**

(b) City or town **Funkville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Farm home - Benton type**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **most of life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Adair**

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

(d) Street No. **Rural # 2**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Archie R. Cummins**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **apr** day **23**
year **1945** hour **5** minute **P.M.**

21. I hereby certify that I attended the deceased from **Feb. 5**, 19**45** to **April 23**, 19**45**,
that I last saw him alive on **April 19**, 19**45**,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

4. Sex **m** Color or race **w**

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

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased: **Jan 16 1874**
(Month) (Day) (Year)

8. AGE: Years **71** Months **3** Days **7**
If less than one day hr. _____ min. _____

Due to **Carcinoma of prostate with metastasis to left hip bone & bladder** **1 yr.**

Due to _____

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

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **A. R. Cummins**

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

14. Maiden name **Margaret**

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

Major findings: Of operations **5/18**

Of autopsy _____

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

16. (a) Informant **Mary A. Cummins**

(b) Address **Funkville Mo**

17. (a) **Burial** (b) Date thereof **4-26-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park**

18. (c) Signature of funeral director **Summers Howell**
(b) Address **Funkville Mo**

19. (a) **5-18-45** (b) **Dr. J. L. Waynes**
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury **2**

23. Signature **Edward E. Gross** (M. D. or other) **Dr.**
Address **Funkville, Mo.** Date signed **5-7-45**

RECEIVED

District Health Officer No. 10

District File Number 6-45-909

Date Filed JUN 7 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.....

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

Signed W. L. Summers

Licensed Embalmer No. 2159

P. O. Address Richsville

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.