

ED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 34

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
302 South Walker /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 23 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Webb City
(If outside city or town limits, write "RURAL")
 (d) Street No. 302 South Walker
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Scotland

3. (a) PRINT FULL NAME Alexander U. Cumings

3. (b) If veteran, name war Nodata 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 8 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>13</u>	hr. _____ min.

9. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business _____

12. Name Nodata

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

14. Maiden name No data

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

16. (a) Informant Bessie Cumings (wife)

(b) Address 302 So. Walker; WEBB CITY, MO

17. (a) EM BURIAL (b) Date thereof FEB. 23; 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETARY

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo

19. (a) FEB. 23; 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
 year 1946 hour I minute 35 P.M.

21. I hereby certify that I attended the deceased from 2-19 1946, to 2-21 1946
 that I last saw him alive on 2-19- 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
 Due to _____
 Due to _____

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

Major findings: _____
 Of operations: g30
 Of autopsy: _____

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 _____ (M. D. or other) _____

Address Webb City, Mo Date signed 2/24/46

Duration

3 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46-2-175

98-51-702

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 Richard Gray Lew

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.