

No. 300
1-10-47
15-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

State File No. **13649**
Registrar's No. **6**

FILED MAY 1 1948
Registration District No. **280**

Primary Registration District No. **4422**

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

1. PLACE OF DEATH:

(a) County **PLATTE**

(b) City or town **Town EDGERTON Platte**
(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.....
In this community **LIFETIME** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE DAVID CUMMINS**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **487-12-0682**

4. Sex **MALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **8 8 1886**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	8	0	hr. min.

9. Birthplace: **EDGERTON Mo. 6**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business.....

12. Name **CHARLES WESLEY CUMMINS**

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

14. Maiden name **WILLIE C. PARROT**

15. Birthplace **OSBORN Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Willie Cummins**

(b) Address **Edgerton, Mo.**

17. (a) **burial** (b) Date thereof **4-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Zion Cemetery**

18. (a) Signature of general director **Rodenis - Nash**

(b) Address **Edgerton Mo.**

19. (a) **4-15-48** (b) **Opelia Rollins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **PLATTE 82**

(c) City or town **EDGERTON**
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **8**
year **1948** hour..... minute..... M.

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

Immediate cause of death.....
Fracture of the skull

Duration.....

Due to.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **TOM H. HULLITT** coroner
Address **Platte city mo** Date signed **4-8-48**
(M. D. or other)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed F-29-48

NOV 9 1950

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 Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.

Registration District No. 230

Primary Registration District No. 4422

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

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Edgerton
(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

George D. Cummins

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 un

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

7. Birth date of deceased Aug (Month) 1947 (Year)

8. AGE: Years 61 Months 5 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or Business _____

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 _____ (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 _____ Year 1947 hour _____ minute _____ M.

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

Immediate cause of death Fracture of the skull

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence _____

(c) Where did injury occur? city Platte MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) While at work? _____ (a) Means of injury Fall

23. Signature Tom H. Hulet _____ (M. D. or other)

Address Platte City MO _____ Date signed _____

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-13649