

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 548

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rand Springs, D. Campbell St
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Greene County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months & 10 days
In this community 10 months & 10 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Walnut Grove, Mo
(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

John Leri Cummings
3. (b) If veteran, name war WW 3. (c) Social Security No. 519-12-2990

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

6. (b) Name of husband or wife Bessie Gitson Cummings 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 29 - 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 4 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Common Labor

12. Name Wilbert Cummings

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

14. Maiden name Mary Casale

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

16. (a) Informant Mrs Bessie Cummings

(b) Address Halfway - Mo. R. 1

17. (a) Burial (b) Date thereof July - 6 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar, Mo.

18. (a) Signature of funeral director Seige A. Bism

(b) Address Walnut Grove, Mo

19. (a) July 6 - 48 (b) M. J. Handley, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-18 1948 to 7-3 1948
that I last saw him alive on July 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
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 W. Kelly (M. D. or other) _____

Address Springfield Mo Date signed 7-6-48

RECORD - MAKE A PERMANENT RECORD

MOTHER FATHER

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 James R. Phillips, Registered Apprentice No. 215 working under my personal supervision.

Signed Rex Miller
Licensed Embalmer No. 4592
P. O. Address Walnut Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.