MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED SEP 19 1940

28628
Do not use this space.

1. PLACE OF DEATH
(a) County Henry (b) Township Deer Creek (c) City ____ (d) Street No. ____ St.
Registration District No. 349 Primary Registration District No. 5-499 Registered No. 13
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James M. Cummings
(a) Residence, No. Henry Co Mo St. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey County Ill

FATHER
13. NAME Perry Cummings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
15. MAIDEN NAME Julia Fox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Minnie Cummings (ADDRESS) Clinton R 2 Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE Aug 1 40

19. FUNERAL DIRECTOR (NAME) J A Doubley 956 (ADDRESS) Calhoun Mo

20. FILED Aug - 12 1940 Mrs Edith J Simpson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 31 1940

22. I HEREBY CERTIFY, That I attended deceased from 7 - 23 1940, to 7 - 31 1940
I last saw h— alive on 7 - 29 1940. Death is said to have occurred on the date stated above, at 8:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Aphtis with retention	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) James M Smith M. D.
(Address) Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 x14928

RECEIVED
District Health Officer No. 7,
District File Number 9-40-1244
Date Filed 9-3-40

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, myself, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. A. Hovsey

Licensed Embalmer No. 3802

P. O. Address Colman SDak

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

If this body is not embalmed, above space should be left blank.