

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.

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

2702
Do not use this space.

DEC'D FEB 23 1939

1. PLACE OF DEATH
 (a) County Yasper Registration District No. 417
 (b) Township Jefferson Primary Registration District No. 3021 Registered No. 9
 (c) City Webb City (d) Street No. 120 S. JEFFERSON St.
 (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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harrett Cummings
 (a) Residence, No. 120 S. Jefferson St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Cummings
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1906
 7. AGE YEARS 32 MONTHS 6 DAYS 0 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chemist
 9. Industry or business in which work was done, as saw mill, bank, etc. powder mill
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) Monroga (STATE OR COUNTRY) Missouri
 FATHER 13. NAME John Cummings
 14. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Edna Suddeth
 16. BIRTHPLACE (CITY OR TOWN) Altamont (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) John Cummings (father)
Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Hope Cem DATE 1/31/39

19. FUNERAL DIRECTOR (ADDRESS) Hedge-Tolson
Webb City, Mo.

20. FILED JAN. 31. 39, 19 R. D. Pritchett M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1939
 22. I HEREBY CERTIFY That I attended deceased from 1-22, 1939, to 1-29, 1939
 I last saw him alive on 1-29, 1939 Death is said to have occurred on the date stated above, at 10:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Giant reticulum cell sarcoma of nodes
 Date of onset 53-
 Other contributory causes of importance: Primary origin unknown

Name of operation Date of
 What test confirmed diagnosis Schulz 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 MS daughter NO
 (Signed) Mrs. S. Laughter M. D.
 377 (Address) 205 W. Broadway
Webb City, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-400

Date Filed FEB 17 1939

SEP 24 1948

STATEMENT BY LICENSED EMBALMER

I, E. M. Hedge, Licensed Embalmer No. 2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed E. M. Hedge

Licensed Embalmer No. 2859

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.)