DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3184

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Neosho (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Reynolds Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 57 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

(c) City or town: Joplin Rural R. 2 (If outside city or town limits, write "RURAL")

(d) Street No.: R R 2, Box 234 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John R. Cummings

3. (b) If veteran, name war: ____ 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: Nellie Johnson Cummings 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: March (Month) 9 (Day) 1882 (Year)

8. AGE: Years 57 Months 10 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace: Newton Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired miner

11. Industry or business: ____

FATHER 12. Name: B. W. Cummings

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

MOTHER 14. Maiden name: Nancy C. Bryson

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

16. (a) Informant's own signature: Ted Cummings

(b) Address: Rt 2 Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-12-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Hornet Cemetery

18. (a) Signature of funeral director: O W Reynolds

(b) Address: Joplin Missouri

19. (a) 1-9-40 (Date received local registrar) (b) Amale Salisbury (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year 1940 hour 6:30 minute a. M.

21. I hereby certify that I attended the deceased from Dec. 26, 1940, to Jan. 9, 1940; that I last saw him alive on Jan. 8, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Lymphatic leucemia

Due to: ____

Due to: ____

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

Major findings: Of operations: ____ Of autopsy: ____

Duration

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: C. E. Maness (M. D. or other) 543

Address: Neosho, Mo Date signed: 1-9-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 6,
District File Number 240-433
Date Filed FEB 13 1940

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, above space should be left blank.