

FILED JUL 9 1944

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month 9 11 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 189
(c) City or town Dadeville
(If outside city or town limits, write "RURAL")
(d) Street No. Not known
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ARNOLD C. Cummings

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs Emma Cummings 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Jan 5th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 16 hr. min.

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

10. Usual occupation Farming

11. Industry or business Asst. Farming

12. Name Arnold Cummings

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

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J.W. Ward

(b) Address Greenfield, Mo

19. (a) 6-21-41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1944 12 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from May 10th, 1944, to June 21st, 1944, that I last saw him alive on June 21st, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 days

Due to 92 D
Due to _____

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No

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? _____

795 (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature G.S. Waraich (M. D. or other) (i)
Address State Hospital No 3 Nevada, Mo Date signed 6/24/44

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

008

RECEIVED

District Health Officer No. 7.

District File Number

7-41-1096

Date Filed

7-7-41

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

Edward

Licensed Embalmer No.

2837

P. O. Address

Greenfield

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.