

FILED JUL 13 1944

State File No.

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 315

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number & location) 3 days

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 414 W. 13th
(If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Forrest Cummings

3. (b) If veteran, name war.....

3. (c) Social Security No. 491-01-0532

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 5, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>1</u>	<u>20</u>	hr. : min.

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

10. Usual occupation BAKER (RETIRED)

11. Industry or business.....

12. Name Albert Cummings

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

14. Maiden name Margaret Pitcock

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

16. (a) Informant Marcella M. Mahan

(b) Address 414 W. 13th, Joplin, Mo.

17. (a) Burial (b) Date thereof 6-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial Cem.

18. (a) Signature of funeral director Hurlbut Und Co

(b) Address Joplin, Missouri

19. (a) 6-28-44 (b) Arthur Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1944 hour 10:30 P. Minute..... M.

21. I hereby certify that I attended the deceased from 4/10/44
4/25/44 19..... to 4/25/44 19.....

that I last saw him alive on 4/25/44 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiovascular-Renal Disease.

Due to.....

Due to.....

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

Major findings:
Of operations NONE

Of autopsy NONE.

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 J. K. ... (M. D. or other)
Address Joplin Date signed 4/24/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
2
5

1264

44-6-522

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed, or by

Richard Gray Lewis Registered Apprentice No. 263
working under my personal supervision.

Signed Terry K. Hurlbird
Licensed Embalmer No. 90-9
P. O. Address Jaylen 2000

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, fact should be so stated above.