

FILED APR 8 1946

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
20 South Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**
(c) City or town Webb City **6**
(If outside city or town limits, write "RURAL")
(d) Street No. 20 South Jefferson **2**
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME John 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 Edna Cummings 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 20 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Joblin Globe Agent

11. Industry or business _____

MOTHER FATHER { 12. Name James Cummings

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

14. Maiden name Elizabeth Baker

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

16. (a) Informant Widow; Edna Cummings

(b) Address 20 S. Jefferson Webb City, MO

17. (a) burial (b) Date thereof 3/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Missouri

19. (a) MCH 20; 1946 (b) [Signature]
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1946 hour _____ minute _____ M

21. I hereby certify that I attended the deceased from _____
Did not attend
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN [Signature]
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?

While at work? _____ (Specify type of place)
13. Signature [Signature] (M. D. or other)
Address 2114 [Address] Date signed 3/14/46

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

19
6
2

46-3-222

✓

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 *W. Sledge*

Licensed Embalmer No. 69857

P. O. Address *W. Sledge*

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.