S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30040

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 786

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas St. at Division Ave. 3
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 West Lee
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME HARLEY L. CUMMINS
3. (b) If veteran, name war W.W. #1
3. (c) Social Security No. .....
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Esther Margaret Cummins
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased December 4, 1917 (Month) (Day) (Year)

8. AGE: ✓ Years	Months	Days	If less than one day
28	9	25	..... hr. ..... min.

9. Birthplace Blue Island, Illinois (City, town, or county) (State or foreign country) 1
10. Usual occupation Railroad Switchman
11. Industry or business Frisco Railway
FATHER
12. Name Lowell Cummins
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Jessie ? 9
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Esther Margaret Cummins
(b) Address 1515 West Lee
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY
18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address SPRINGFIELD, MISSOURI
19. (a) 10-1-46 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29 year 1946 hour 1:05P.M. minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Shock and hemorrhage	
Due to Crushing injury of trunk	
Due to Run over by freight car	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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) Accident 133
(b) Date of occurrence Sept. 29, 1946
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Frisco freight Yard, (Specify type of place)
While at work? Yes (e) Means of injury Freight Car
23. Signature Murray C. Stone (M. D. or other) .....
Address Springfield, Mo Date signed 10-1-46

(Licensed Embalmer's Statement on Reverse Side)

APR 1948

SEP 20 1948

APR 27 1946

OCT 22 1946

APR 22 1947

SEP 13 1946

OCT 11 1946

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Springfield 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, fact should be so stated above.