S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20215

FILED JUL 1 1946

Registration District No. ..... Primary Registration District No. 1002 Registrar's No. 2779

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 days (Specify whether years, months or days)
In this community 60 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Blue Springs Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Joseph Benton Cummings
3. (b) If veteran name war No
3. (c) Social Security No. 207-14-9888
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fern
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Oct 24 29 1899 (Month) (Day) (Year)
8. AGE: Years 46 45 Months 7 Days 25 20 If less than one day ..... hr. ..... min.
9. Birthplace Phenix (City, town, or county) Arizona (State or foreign country)
10. Usual occupation Oiler
11. Industry or business Mo Pacific R.R
12. Name G. B. Cummings
13. Birthplace Blue Springs Mo (City, town, or county) (State or foreign country)
14. Maiden name Cora Browning
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Fern Cummings
(b) Address Blue Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-46 (Month) (Day) (Year)
18. (a) Place: burial or cremation Blue Springs Mo
(b) Signature of funeral director Mrs G. B. Webb & Son
(b) Address Blue Springs Mo
19. (a) 6-22-46 (Date received local registrar) (b) Derbedine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1946 hour 1 minute 55 P.M.
21. I hereby certify that I attended the deceased from March 13th 1946, to June 19th 1946, that I last saw him alive on June 19th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Brain tumor (glioblastoma) ?
Right temporal lobe
Due to
Due to
Other conditions 5/a
(Include pregnancy within 3 months of death)

Major findings:
Of operations Glioblastoma right temporal lobe of brain
Of autopsy Glioblastoma right temporal lobe of brain

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 J. E. Carlen (M. D.)
Address 1002 Argyle Bldg Date signed June 20-46

(Licensed Embalmer's Statement on Reverse Side)

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

19088

Corr by Dr. 10-13-46 H. Platte

APR 22 1947

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 R. B. Wible

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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.

Death

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2-5 TL-1-6

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2779

On this 2nd day of July, 1946, before me appears Mrs. Fern Cummings, who, upon her oath, states that the original record of ~~birth~~ death for Joseph Benton Cummings ~~died~~ ~~born~~ June 19, 1946 in the State of Missouri, and which was filed at Kansas City on 6-22, 1946, should be corrected as follows:

Item No. 6 C. should read 38
Instead of 42

Item No. 7 should read October 24, 1899
Instead of " " 1900

Item No. 8 should read 46-7-25
Instead of 45-7-20

Item No. should read
Instead of

Item No. should read Verified by
Instead of insurance policy
Item No. should read U 51-197480
Instead of Railway Employees
Item No. should read Benefit ass.
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Fern E. Cummings Wife
Relationship.

Blue Springs Mo
Present Address.

Subscribed and sworn to before me this 2nd day of July, 1946.

My Commission expires Oct 20, 1947

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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