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FILED JAN 28 1947
Registration District No. 26

Primary Registration District No. 2001

Registrar's No.

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. Johns
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGARET M. Cummings

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased January 30 - 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 28 hr. min.

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

10. Usual occupation Sales-lady, Telemans

11. Industry or business Department Store

12. Name Thomas L. Cummings

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

14. Maiden name Catherine J. Brown

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

16. (a) Informant Miss Nell Cummings

(b) Address 727 Moffet Ave

17. (a) Burial (b) Date thereof 12-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Harshel Dillon

(b) Address 305 W. 7th St

19. (a) 12-30-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 727 Moffet Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1946 hour 2 minute a M.

21. I hereby certify that I attended the deceased from 144 to Dec 29 1946;
that I last saw her alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to Nephritis & Hypertension 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy 1313

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) NO

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place?

While at work (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) 0
Address Joplin Mo. Date signed 12/29/46

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

46-17-1721

JUN 15 1948

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.....

David Dillon

Licensed Embalmer No. *3898*

P. O. Address.....

Joplin, 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.