V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1942

Registration District No. 4192

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14637

Primary Registration District No. 4550

Registrar's No. 4

49
0
0

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Purcell Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 37 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Purcell 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Purcell Mo.
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Birdie Woodmansee Milton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward

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

7. Birth date of deceased March (Month) 16 (Day) 1889 (Year)

8. AGE: Years 53 | Months 1 | Days 12 | If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business None

FATHER
12. Name Joshua Cummins
13. Birthplace Lafayette Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Diana Stoner
15. Birthplace Fayette Co. (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Mrs Thelma Hogan

(b) Address Purcell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage

19. (a) Apr. 30, 1942 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 28 day
year 1942 hour 1.30 P.M. minute M.

21. I hereby certify that I attended the deceased from July 1940 to April 28, 1942
that I last saw her alive on Apr 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion from Carcimoma of Uterus Involving entire abdominal cavity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

48b

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 0

23. Signature [signature] (M. D. or other)

Address Neck City, Mo. Date signed 4/28/42

(Licensed Embalmer's Statement on Reverse Side)

42.4-353.

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Ms.

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.