S. No. 2
M—2-43
. 5-17-39
I X35697

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

Dr. S. P. Martin

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10155

Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Rural — Pinfrock (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence / Wolf Island Twp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 17 years years, months or days)

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

3. (a) PRINT FULL NAME RAYMOND OSCAR CUMMINS
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. none
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Viola Cummins
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Mar. (Month) 2 (Day) 1872 (Year)

8. AGE: Years 74 Months 0 Days If less than one day hr. min.

9. Birthplace Marion (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Samuel Cummins
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Helen Parks
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Sarah Viola Cummins
(b) Address East Prairie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Corning Ark.
18. (a) Signature of funeral director Grace Shelly
(b) Address East Prairie Mo.
19. (a) Mar. 2 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1946 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1945, 19 to Mch 24 1946 that I last saw him alive on Mch 22 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46K	
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)
(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 S. P. Martin (M. D. or other)
Address E. Prairie Mo. Date signed 3-26-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 446-516
Date Filed 4-11-46

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 [signature]

Licensed Embalmer No. 2726

P. O. Address East Prairie Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.