

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1947

Registration District No. 297

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5988

32138

State File No. _____

Registrar's No. 88

1. PLACE OF DEATH:

(a) County PUTNAM (Putnam)
 (b) City or town "RURAL" ELM TOWNSHIP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community LIFE TIME
 years, months or days)

3. (a) PRINT FULL NAME MARY I. CUMMINGS3. (b) If veteran, name war _____ (c) Social Security No. NO4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife HENRY CUMMINGS 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased JANUARY 7, 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
86 8 20 hr. min.9. Birthplace PUTNAM, COUNTY MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME11. Industry or business HOUSE WORK12. Name GEORGE BRADSHAW13. Birthplace DON'T KNOW 9
(City, town, or county) (State or foreign country)14. Maiden name SARAH COWELL15. Birthplace DON'T KNOW 9
(City, town, or county) (State or foreign country)16. (a) Informant Tom H. Tiser(b) Address WORTHINGTON, MISSOURI17. (a) BURIAL (b) Date thereof 9 / 29 / 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation BUSTER CEMETERY18. (a) Signature of funeral director COMSTOCK FUNERAL HOME(b) Address UNIONVILLE, Mo. By John H. Tisher19. (a) 10-3-47 (b) Marshall D. Durbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86
 (c) City or town "RURAL" ELM TOWNSHIP 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. WORTHINGTON, MO. 0
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 27
year 1947 hour 9 minute 40 P. M.21. I hereby certify that I attended the deceased from SEP. 12, 1947
MDP to SEP. 12, 1947
that I last saw her alive on SEP. 12, 1947
and that death occurred on the date and hour stated above.Immediate cause of death SPROBABLE
HEMORRHAGE Duration 2. mo.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations g 37

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 9 / 27 / 1947

(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 223. Signature H. O. Gillman (M. D. or other) MDAddress SEPT. 30, Unionville, Mo. Date signed 1947

RECEIVED
District Health Officer No. 1
District File Number 10-47-137
Date Filed OCT - 8 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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, 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.