

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10900
Do not use this space.

1. PLACE OF DEATH *42*
 (a) County *Idem*
 (b) Township *Peart Creek*
 (c) City *Calhoun*
 (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Louise Mary Cummings 552*
 (a) Residence, No. *Calhoun Mo. R.R.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James Cummings*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-15-1863*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 2 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation *Life*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Brighton Ill*
 FATHER 13. NAME *George H. Schuetz*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown France*
 MOTHER 15. MAIDEN NAME *Aphrodisia*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Germany*
 17. INFORMANT (ADDRESS) *James Cummings Calhoun, Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Calhoun Conv.* DATE *3-27*
 19. FUNERAL DIRECTOR (ADDRESS) *Fred Wilkinson Clinton Mo*
 20. FILED *3-27*, 1938 *Mo. A. C. Gray* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-24*, 1938
 22. I HEREBY CERTIFY, That I attended deceased from *May 10*, 1937, to *Mar 24*, 1938
 I last saw him alive on *Mar 24*, 1938 Death is said to have occurred on the date stated above, at *12:00A.M.*
 The principal cause of death and related causes of importance were as follows:
Tumor of wood malignant
 Date of onset *Small*
 Other contributory causes of importance: *48*
 Name of operation *none* Date of _____
 What test confirmed diagnosis? *none* Was there an autopsy? *no*
 23. If death was due to external causes (violence), fill in also the following.
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *D. H. Dalloway* M.D.
 (Address) *Calhoun Mo*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

55B-

STATEMENT BY LICENSED EMBALMER

I, Fred W. McKenna, Licensed Embalmer No. 2478
 hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
 L. E. _____
 No. _____ or by _____ Registered Apprentice No. _____
 working under my personal supervision.

Signed Fred W. McKenna
 Licensed Embalmer No. 2478

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.)

Vertical text on the right edge of the page, possibly a stamp or reference code.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
 (a) County Henry Registration District No. 349
 (b) Township Deer Creek Primary Registration District No. 3499 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Mary Cumming
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>2</u>	<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:
Just before 2 womb
 Other contributory causes of importance: 45

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) D. de Pallard, M. D.
 (Address) Calhoun

SUPPLEMENTARY

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

