No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Cain

State File No. 3101

Registration District No. 651 | Primary Registration District No. 5862 | Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Rural- Caruthersville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: X 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Rural I - Caruthersville (If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route I (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME: Mrs. Dollie Cummings
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John Cummings
6. (c) Age of husband or wife if alive: X 82 years
7. Birth date of deceased: July (Month) 19, (Day) 1884 (Year)

8. AGE: Years 58 | Months 6 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Harden, Co. (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: House-wife
11. Industry or business: X

FATHER
12. Name: Riley Brumley
13. Birthplace: Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Nancy A. Cummings
15. Birthplace: Unknown (City, town, or county) Alabama (State or foreign country)

16. (a) Informant: John Cummings
(b) Address: Rural I - Caruthersville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Cemetery
18. (a) Signature of funeral director: H. S. Smith
(b) Address: Caruthersville, Mo.
19. (a) 2-6-1942 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th, year 1942 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from: Jan 26 1942, to Feb 2 1942; that I last saw her alive on Feb 2 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia. Duration 1 wk
Due to: Hypostatic
Due to: 108
Other conditions: Rt hemiplegia
(Include pregnancy within 3 months of death)
Major findings: Of operations:
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:

23. Signature: A. Cain (M. D. or other) DMS
Address: Caruthersville Date signed: 2/6/42

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(Licensed Embalmer's Statement on Reverse Side)

2-42-15.

JUN 7 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, ~~XXXX~~

....., Registered Apprentice No.....

working under my personal supervision.

Signed: James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.