

FILED SEP 8 1947
Registration District No. **78**

Primary Registration District No. **4159**

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Pattonsburg
(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)
 In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess
 (c) City or town Pattonsburg Mo
(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 Laura Belle Cummings
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William Cummings
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Nov. 9, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Hou ewife

MOTHER FATHER
 12. Name Joshua Bird
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Polly Ann Williams
 15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant B. L. L...
 (b) Address Pattonsburg Mo

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 8/47
(Month) (Day) (Year)
 (c) Place: burial or cremation Pattonsburg Mo

18. (a) Signature of funeral director B. L. L...
 (b) Address Pattonsburg Mo

19. (a) 8-24-47 (b) Virginia M. Engelhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 30
 year 1947 hour 1 minute PM
 21. I hereby certify that I attended the deceased from _____
 19____ to _____ 19____
 that I last saw h. EX alive on July 30
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Complete Heart Block
 Due to _____
Malignant Hypertension
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
95A

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? _____
 (a) Means of injury D
 23. Signature John E. Lanier (M. D. or other)
 Address Pattonsburg Mo Date signed 9/31/47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 3

Robert T. Dunham, Registered Apprentice No. 80
working under my personal supervision.

Signed Robert T. Dunham

Licensed Embalmer No. 2857

P. O. Address Pattonburg 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.