

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

Do not use this space.

FILED NOV 20 1946

38092

1. PLACE OF DEATH

County St. Francois Registration District No. 316
Township Catherino Primary Registration District No. 6075
City Catherino (No. 1) St. _____ Ward _____

File No. _____
Registered No. 355
St. _____ Ward _____

2. FULL NAME

Sarah E. Cummings

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Cummings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18th 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>-</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Jersey Co. Mo.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT John Demmons
(ADDRESS) Catherino

18. BURIAL, CREMATION, OR REMOVAL Flat River Mo
PLACE Pop. Cemetery DATE 11-5-46

19. UNDERTAKER Baldwell Bros
(ADDRESS) Flat River Mo

20. FILED 11-13-46 19. Catherino Rudloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-46

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1946, to 11-4, 1946
I last saw h. or alive on 11-4, 1946 Death is said

to have occurred on the date stated above, at 6:50 A.M.

The principal cause of death and related causes of importance were as follows:

Chc Imp. Arteritis Date of onset _____

Other contributory causes of importance:

Semility 13D

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) C. H. Humphreys, M. D.

(Address) Flat River Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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.

36907

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1146-2886
11-19-46

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

W. A. Baldwin
License # 3317
Flat River
Mo.