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.

31

REC'D MAY 18 1938

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

14467
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess — Registration District No. 254
(b) Township Benton — Primary Registration District No. 6365 — Registered No. 15
(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 George Dewey Cunningham 552
(a) Residence, No. ..... St. [+] .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1898

7. AGE — YEARS: 39 — MONTHS: 4 — DAYS: 5 — If LESS than 1 day, ...hrs. or ....min.

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. Laborer
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) Coffey, Mo. 0

FATHER
13. NAME James L. Cunningham 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 0

MOTHER
15. MAIDEN NAME Ester Jane Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffey, Mo.

17. INFORMANT Henry A. Cunningham
(ADDRESS) Coffey, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coffey DATE 4/18/38, 19

19. FUNERAL DIRECTOR .....
(ADDRESS) Pattonsburg, Mo.

20. FILED 4-18, 1938 Wancer C Sutton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... 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:

Fractured Skull & Chest — Date of onset
~~Motor vehicle by some~~
Motor vehicle by some one unknown

Other contributory causes of importance: 210 m

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 Run over by motor vehicle
Nature of injury Fractured Skull & Chest.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Frank Hedges Coroner, M. D.
(Address) Pattonsburg. (Daviess Co) 231

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, G S Gromer, Licensed Embalmer No. 2857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed G S Gromer

Licensed Embalmer No. 2857

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)