

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.

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

42452  
Do not use this space.

JAN 25 1938

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 417  
 (b) Township \_\_\_\_\_ Primary Registration District No. 302.1 Registered No. 94  
 (c) City Webb City (d) Street No. 1208 MINERAL 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 25 yrs. mos. da. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1208 Mineral 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 Male 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 Ethel Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>2</u>	<u>9</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boisterman  
 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 2

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

FATHER 13. NAME John W Cunningham

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

MOTHER 15. MAIDEN NAME Anna Goodman

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

17. INFORMANT Mrs Ethel Cunningham (Wife)  
 (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cantonville Mo. DATE 12/18/38

19. FUNERAL DIRECTOR (NAME) Nedra Nelson  
 (ADDRESS) Webb City, Mo.

20. FILED DEC. 18 38 19 \_\_\_\_\_  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1938, to Dec 16, 1938  
 I last saw him alive on Dec 11, 1938 Death is said to have occurred on the date stated above, at 8:45 P. m.

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

Pneumonia of 2  
Silver Sepsis

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Post Mortem 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? Yes  
 If so, specify Mining  
 (Signed) Gene E. DeLong M. D.  
377 (Address) Webb City

**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, \_\_\_\_\_

*E. M. Hedge*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *E. M. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *Web City*

**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, above space should be left blank.**