

MAR 20 1939

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

Wilk
7113
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
(b) Township Hudson Primary Registration District No. 3027 Registered No. 12
(c) City Macon (d) Street No. Samaritan Hospital 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.

559. **LATER NAMED - William Wayne Cunningham**
2. PRINT FULL NAME Infant -- (unnamed) Cunningham

(a) Residence, No. _____ 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S Feb. 3, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Died at birth

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. Died at birth

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo.

FATHER 13. NAME Clelle Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lucerne, Mo.

MOTHER 15. MAIDEN NAME Eshela Pfler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilman, Mo.

17. INFORMANT (ADDRESS) Clelle Cunningham
Macon, Mo

18. ~~BIRTHPLACE~~ OR REMOVAL PLACE Harvard, Iowa DATE Feb. 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert Skinner,
Macon, Mo

20. FILED 2/6, 1939 Besto Newton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1939

22. Feb 3 HEREBY CERTIFY, That I attended deceased from _____, 1939, to Dance, 1939

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:

Died at birth -
Respiratory error. Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clelle 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? No
If so, specify _____ (Signed) Harvard Miller, M. D.

(Address) Macon Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-354

Date Filed MAR 14 1939

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

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 751

P. O. Address Macon, 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, above space should be left blank.