

JUN 8 1939

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

18705  
Do not use this space.

1. PLACE OF DEATH

(a) County GRUNDY Registration District No. 328  
(b) Township \_\_\_\_\_ Primary Registration District No. 307 Registered No. \_\_\_\_\_  
(c) City TRENTON (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 Still-Born Cunningham

(a) Residence, No. 517 West 134 Court 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 18<sup>th</sup> 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 0 0

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. \_\_\_\_\_  
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) TRENTON (STATE OR COUNTRY) MISSOURI

13. NAME JAMES H. CUNNINGHAM

14. BIRTHPLACE (CITY OR TOWN) TRENTON (STATE OR COUNTRY) MO

15. MAIDEN NAME GOLDIE M GIBSON

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) James H. Cunningham  
Trenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, Trenton DATE 3-19-39

19. FUNERAL DIRECTOR (NAME) Raymond A. Adams (ADDRESS) Trenton, Mo

20. FILED 3-19-39 J. Fred Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 to Mar 18, 1939  
I last saw h. Still Born, 1939. Death is said to have occurred on the date stated above, at home not known.  
The principal cause of death and related causes of importance were as follows:  
Still born

Date of onset 3-18-39

Other contributory causes of importance: None known

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. Fred Fair, M. D.  
(Address) Trenton, 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. 11,

District File Number 34-563

Date Filed JUN 1 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. *[Signature]* working under my personal supervision.

Signed *Raymond A. Davis*  
Licensed Embalmer No. 3424

P. O. Address .....

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.