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

Do not use this space.

OCT 12 1939

1. PLACE OF DEATH

County Callaway — Registration District No. 104 — File No. 32049

Township Round Prairie — Primary Registration District No. 5165 — Registered No. 268

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Franklin Chester Cundiff.

(a) Residence, No. Fulton, Mo. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1918

7. AGE — YEARS: 20 — MONTHS: 11 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, 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) Montgomery County Missouri

FATHER

13. NAME Frank Cundiff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ethel Gentry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Frank Cundiff Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leach Cemetery Montgomery County DATE Sept 26 1939

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton, Missouri

20. FILED Sept 25, 1939 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw him dead alive on September 24th, 1939. Death is said to have occurred on the date stated above, at 12-noon.

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

Accidental discharge of 22 caliber rifle in the hands of Gerald Burton Hook, entering body through the right shoulder, causing death

Other contributory causes of importance: almost instantly

Date of onset

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 9-24, 1939

Where did injury occur? Un (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) I. W. Holman, Coroner, M.D.

(Address) 8-E-8th ST. FULTON, MO.