

DEC 13 1939 89

Registration District No.

Primary Registration District No. **3007**Registrar's No. **267**

## 1. PLACE OF DEATH:

(a) County Ripley  
 (b) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Brandon  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT  
FULL NAMEJames Edward Cunningham3. (b) If veteran,  
name/war✓3. (c) Social Security  
No.✓4. Sex Male5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Della Cunningham6. (c) Age of husband or wife if  
alive 56 years7. Birth date of deceased  
(Month) Sept(Day) 18 (Year) 1883

8. AGE:

Years

Months

Days

If less than one day

54116

hr.

min.

9. Birthplace

Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Mechanic

11. Industry or business

12. Name Abel Cunningham13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Bessie Watson15. Birthplace N.C.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jack S. Cunningham(b) Address Naylor Mo.17. (a) Buried (b) Date thereof 11-5-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Naylor Mo.18. (a) Signature of funeral director W. J. Brantner(b) Address Naylor Mo.19. (a) 11/5/39 (b) W. J. Brantner  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley  
 (c) City or town Naylor  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4  
 year 1939 hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from Nov. 1  
 \_\_\_\_\_, 1939, to Nov 4, 1939;

that I last saw him alive on Nov 4, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration  
6 days

Due to Hypertension

Due to \_\_\_\_\_

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations None

Of autopsy None

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_  
 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. J. Brantner (M. D. or other) \_\_\_\_\_

Address Poplar Bluff Mo. Date signed 11-6-39

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**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

*B. C. McCord*

Licensed Embalmer No.

*4079*

P. O. Address

*Naylor, 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.**