

DEC 12 1939

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

40216  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion / Registration District No. 547  
(b) Township Mason / Primary Registration District No. 3079 Registered No. 319  
(c) City Hannibal, (d) Street No. Levering 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.

2. PRINT FULL NAME 552- Maude Cunningham

(a) Residence, No. 2931 Bowling St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county & city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 11, 1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.  
51 2 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Oakwood 0  
(STATE OR COUNTRY) Missouri 0

13. NAME Tom Harrison /

14. BIRTHPLACE (CITY OR TOWN) Ralls County  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Carrie Tongate

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

17. INFORMANT Claude Cunningham  
(ADDRESS) 2931 Bowling

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Grandview DATE 11/26/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home  
(ADDRESS) Hannibal, Missouri

20. FILED Nov 24, 1939 St. C. Fisher  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24/39 .19

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1939, to 11-24, 1939.  
I last saw h. e. alive on 11-24, 1939 Death is said to have occurred on the date stated above, at 7:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast  
5D

Date of onset  
1938

Other contributory causes of importance:  
Several metastases 1939

Name of operation mastectomy Date of 4-27-39  
What test confirmed diagnosis? Path- 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) Frederick Suduch M. D.  
(Address) Hannibal, Mo.

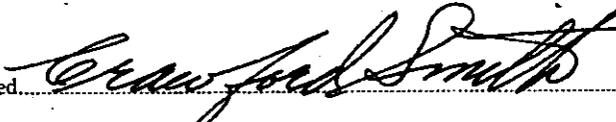
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Goodrich

**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.....

..... J.J. Marsh L.E. 3932 ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  .....

Licensed Embalmer No. 3814.....

P. O. Address..... Hannibal 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.**