

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

FILED JUL 9 1940

21065
Do not use this space.

1. PLACE OF DEATH
 (a) County Atchison Registration District No. 20
 (b) Township Tarkio Primary Registration District No. 4014
 (c) City Tarkio, Mo (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 552 Mary Elizabeth Cunnington.
 (a) Residence, No. Tarkio Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1853.

7. AGE YEARS 86 MONTHS 3 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Indiana Co Penn

FATHER 13. NAME Samuel Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co Penn

MOTHER 15. MAIDEN NAME Fsnnie Mock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana Co Penn

17. INFORMANT Miss Elizabeth Cunnington (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio, Mo DATE Jan 5, 1940

19. FUNERAL DIRECTOR J. H. Cunniff (ADDRESS) Tarkio Mo

20. FILED Jan 4, 1940 Cum Vaugh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1939, 1939, to Jan 3, 1940, 1940
 I last saw he alive on Jan 3, 1940 Death is said to have occurred on the date stated above, at A. A. M.
 The principal cause of death and related causes of importance were as follows:
Chae. cystitis with infection of state - galled Date of onset Dec 23, 39
penility

Other contributory causes of importance: none 126

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Cum Vaugh, M.D.
 (Address) Tarkio 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. 111

District File Number 740-910

Date Filed JUL 1 1940

STATEMENT BY LICENSED EMBALMER

I, W. B. Clement, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. B. Clement

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed W. B. Clement

Licensed Embalmer No. 3381

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.)