

FILED JUL 12 1940

655

Registration District No. _____ Primary Registration District No. 0892

I. PLACE OF DEATH:

(a) County Pemiscot Virginia
(b) City or town Denton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No numbered streets
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 (Specify whether
In this community 30 years years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary M. Lillie Cunningham
3. (b) If veteran, name war x 3. (c) Social Security No. x

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John R. Cunningham 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Oct-9-1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 14 If less than one day hr. _____ min.

9. Birthplace Pipley, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER

12. Name unknown Baker
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Helen Bradford
(b) Address Denton, Mo.

17. (a) Burial (b) Date thereof 5/24/40 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Denton, Mo.

18. (a) Signature of funeral director La Farge and Co
(b) Address Paris, Mo.

19. (a) 7-2-40 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Denton
(If outside city or town limits, write "RURAL")
(d) Street No. No numbered streets
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 6 minute 40 A.M.
21. I hereby certify that I attended the deceased from Jan 1-1940
_____ 19 _____ to May 15 1940
that I last saw her alive on May 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death D.K.
Stroke hypertensive
circulatory after
Due to D.K.
Due to D.K.
Other conditions not found
(include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 587
While at work? _____ (Specify type of place)
Means of injury _____
23. Signature D.C. Mean (M. D. or other) _____
Address Holland Mo Date signed 6-13-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-40-13

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 _____

Not Embalmed

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.