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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24992

AUG 14 1940

Registration District No. 218 | Primary Registration District No. 3015 | Registrar's No. 72

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: COUNTY HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community ABOUT 2 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County COOPER

(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")

(d) Street No. COUNTY HOME
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME FRANK STANLEY CUNNINGHAM 550

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOVEY YOUNGER 6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased NOV (Month) 25 (Day) 1856 (Year)

8. AGE: Years 83 Months 7 Days 26 If less than one day hr. min.

9. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER.

11. Industry or business COMMON

FATHER 12. Name SOLAMAN CUNNINGHAM
13. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name JULIA MC NEAL
15. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant RICHARD CUNNINGHAM
(b) Address NELSON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 22-1940 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director GOODMAN and BOLLER
(b) Address BOONVILLE MO

19. (a) 7-24-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21 year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from March 24, 1938, to July 21, 1940, that I last saw him alive on July 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (apoplexy)	10 days
Due to: General Arteriosclerosis	about 3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —

Of autopsy —

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

23. Signature J. C. Tincher (M. D. or other) M.D.
Address Boonville Mo Date signed July 22 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-8-49

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 J. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Bronaugh, 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.