

No. 2
-11-10-39
5-17-39
I X 2 1/2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38563**

DEC 11 1940

Registration District No. **218**

Primary Registration District No. **5297**

Registrar's No. **121**

7

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

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Blackwater Township Rural.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Life.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Blackwater, Rural.**
(If outside city or town limit: write "RURAL")
(d) Street No. **Rural** (If rural, give location)
0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **12th**
year **1940** hour **10** minute **30** P. M.
21. I hereby certify that I attended the deceased from **Nov. 9**
1940 to **Nov. 12** **1940**

that I last saw him alive on **Nov. 12** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide By** **POISONING**
Duration _____

Due to **Carbolic Acid taken**
internally
Due to _____

Other conditions **Pericious Anemia**
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____
Of autopsy **167**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **W. Lee Cunningham.**

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 **Widowed**

6. (b) Name of husband or wife **Mary Cunningham.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 12** **1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Cooper County Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Solomon Cunningham** /

18. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown.** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. George McCleary.**

(b) Address **Blackwater, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 14/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Peninsula Cemetery.**

18. (a) Signature of funeral director **Hoodman & Baller**

(b) Address **Boonville, Mo.**

19. (a) **11-15-40** (b) **W. Cooper**
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **Nov. 9 - 1940**

(c) Where did injury occur? **Blackwater, Cooper Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
197 Home (Specify type of place)

While at work? **No** (e) Means of injury **Carbolic acid**

23. Signature **J. W. Hurst** (M.-D. or other) **J. O.**

Address **Blackwater Missouri** Date signed **Nov. 14-40**

RECEIVED
District Health Officer No. 8,
District File Number 12-9-470
Date Filed

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.

Registration District No. 218

Primary Registration District No. 3297

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Blackwater, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME William Lee Cunningham

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 78 Months 2 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-3-41 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH month Nov day 19
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

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? _____

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

23. Signature J. W. Hurst (M. D. or other) _____

Address Blackwater, Mo. Date signed _____

SUPPLEMENTAL

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

