

FILED APR 15 1941

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

12344
Do not use this space.

1. PLACE OF DEATH *Vernon*
(a) County.....*Walker* Registration District No. *880*
(b) Township.....*Walker* Primary Registration District No. *6168*
(c) City.....*Walker* (d) Street No. *1* Registered No. *3*
(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 *MINOR VANCE CUNNINGHAM*
(a) Residence, No. *Walker, Mo.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*
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 *Hattie Taylor*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 18, 1844*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 8 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Ret. Farmer*
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) *Moorefield Va.*

FATHER
13. NAME *David Cunningham*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va.*

MOTHER
15. MAIDEN NAME *Lizzie Vance*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va.*

17. INFORMANT (ADDRESS) *Lizzie Cunningham*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Nevada* DATE *3/29 1941*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Overaggen Harrod Mo*

20. FILED *3/28 1941* *C. B. Davis* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 28 1941*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at *1:20 A.M.*
The principal cause of death and related causes of importance were as follows:

No attending physician
Possibly Emphysema without demerol
Other contributory causes of importance: *16 20*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?
If so, specify

(Signed) *C. B. Davis* M. D.
(Address) *Walker 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
Division of Health Officer No. 7,
Division File Number 44116-79
Date Filed 4/11/41

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.

W. H. Embalmer

Signed.....

*C. B. Davis
Reg.*

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.