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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24475

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 174

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

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1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Boone~~ Worth
(c) City or town ~~Columbia~~ Allendale 113
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Clara Belle Cunningham
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Purdy Cunningham
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 2 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	7	6	hr. min.

9. Birthplace — 1 (City, town, or county) California (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name Perry Murphy
13. Birthplace 4 (City, town, or county) Ireland (State or foreign country)
14. Maiden name Ellen Kilroa
15. Birthplace 1 (City, town, or county) California (State or foreign country)
16. (a) Informant Purdy Mayo Cunningham
(b) Address Allendale, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Allendale Cem.
18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant City, Mo.
19. (a) 7/8/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1941 hour 12 minute 46 P.M.
21. I hereby certify that I attended the deceased from June 23, 1941, to July 8, 1941;
that I last saw her alive on July 8, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Surgical shock	
Due to	
Due to 46	
Other conditions Carcinoma (Include pregnancy within 3 months of death) of rectum	
Major findings: Of operations Same	
Of autopsy Same	

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 Lauren V. Ackerman (M. D. or other) M.D.
Address Ellis Fischel Cancer Hospital Date signed 7/8/41

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(Licensed Embalmer's Statement on Reverse Side)

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 Arch C Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, M

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, fact should be so stated above.

(Licensed Embalmer's Statement on Reverse Side)