

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **25921**Reg. No. **18794**Primary Registration District No. **5945**Registrar's No. **13**

1. PLACE OF DEATH:

- (a) County Pulaski
 (b) City or town Crocker (Rural) Tavern / 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.....
 In this community 15 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Maud Brown Cunningham

3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Luther Cunningham 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased April 11, 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 2 29 hr. min.

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

10. Usual occupation House Wife11. Industry or business At home

- MOTHER FATHER { 12. Name Riley William Brown
 13. Birthplace Iowa / (City, town, or county) (State or foreign country)
 14. Maiden name Ida McMasters
 15. Birthplace Wisc. / (City, town, or county) (State or foreign country)

16. (a) Informant Luther Cunningham(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof July 12, '41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery18. (a) Signature of funeral director J.L. Hoops & Sons.(b) Address Crocker, Mo.

19. (a) July 17/41 (b) W. A. Gould
 (Date received local registrar) (Registrar's Signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pulaski **85**
 (c) City or town Crocker (Rural)
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country **C**

.MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
 year 1941 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 22
1941 to July 9 1941;
 that I last saw her alive on July 9 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Stomach **1 year?**
 Duration

Due to **H/O**

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 Wm. A. Gould (M. D. or other) **DO.**
 Address Oshea, Mo. Date signed 7/14/41

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

RECEIVED

Pulaski County Health Officer

File Number 841-25

Date Filed 8-11-41

APR 23 1958

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.