

FILED OCT 15 1942

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell
(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 DOTIS JUNE CUNNINGHAM

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

4. Sex female 5. Color or race w 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased June 18 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 12 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name F. L. Cunningham

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

14. Maiden name Mrs. Borders

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

16. (a) Informant Mrs. F. L. Cunningham

(b) Address Braceley, Mo.

17. (a) Burial (b) Date thereof Oct 1 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Silead

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell, Mo.

19. (a) 11-1-42 (b) Mrs. P. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Braceley Mo.
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1942 hour _____ (minute 2:00 P. M.)

21. I hereby certify that I attended the deceased from Sept 29
1942 to Sept 30 1942
that I last saw him w alive on Sept 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Croupous Pneumonia
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 108
Of operations _____
Of autopsy _____

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 M. J. Rutledge (M. D. or other) MD
Address Campbell, Mo. Date signed 11/1/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1042-1259

Date Filed 10-6-43

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.....

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, fact should be so stated above.