

4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33709

State File No. _____

FILED NOV 12 1942

Registration District No. 370

Primary Registration District No. 2000

Registrar's No. 709

39
2
6

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 901 McCann
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community 26 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 901 McCann (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William E. Cundiff
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 3rd,
 year 1942 hour 1 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Edith Cundiff
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased July 26, 1871
 (Month) (Day) (Year)

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.

8. AGE:	Years <u>71</u>	Months <u>2</u>	Days <u>7</u>	If less than one day hr. _____ min. _____
---------	-----------------	-----------------	---------------	--

Immediate cause of death Probably coronary heart disease, unattended by physician
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation Secretary

11. Industry or business Retailers Association

12. Name L. J. Cundiff
 13. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Fay Murphy
 15. Birthplace Farmington, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Cundiff
 (b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42
 (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

19. (a) 10-5-42 (Date received local registrar)
 (b) D. W. Handley (Registrar's signature)

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)
 (c) Means of injury _____
 23. Signature W. S. Handley (M. D. or other)
 Address Health Officer Date signed _____

Duration not known
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

940

784

(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..... *Harlow Knabb*

Licensed Embalmer No. *4065*

P. O. Address *Springfield 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, fact should be so stated above.

X