

FILED JAN - 3 1943

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 169

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mo. State Hospital No. 4
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 24 yrs, 4 mo, 19 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Unknown RURAL
(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 _____

3. (a) PRINT FULL NAME AMANDA CUNNINGHAM

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 64 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Buried (b) Date thereof 12-16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Mo. Catholic Burial

18. (a) Signature of funeral director Edmund B...

(b) Address Flat R Wm Mo.

19. (a) Dec. 21, 1942 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 1942 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 16, 1942 to Dec. 14, 1942
that I last saw her alive on December 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis bilateral
Duration 7 yrs

Due to _____

Due to _____

Other conditions Sy. lymph thromia, mixed
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy No 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 Eric J. Schrod (M. D. or other) _____
Address _____ Date signed 12-17-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 11
Subject File Number 143-1548
Date Filed 1-5-43

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

Caldwell B. B. Caldwell

Licensed Embalmer No.

2531

P. O. Address

Flat River, 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.