

No. 2
-5-42
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Cunningham
State File No. 32399

FILED OCT 5 - 1943

Registration District No. 305 Primary Registration District No. 4452 Registrar's No.

1. PLACE OF DEATH
(a) County St. Charles
(b) City or town Wentzville
(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 26' (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. County St. Charles
(c) City or town Wentzville
(d) Street No. Burke
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Edward Hunkle Cunningham
3. (b) If veteran, name war. No.
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Sept. day 20, year 1943, hour 1:45 minute P.M.
21. I hereby certify that I attended the deceased from Sept 19 1943 to Sept 19 1943 that I last saw him alive on 9/19/43 and that death occurred on the date and hour stated above.

4. Sex M.
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed.
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 24 1867 (Month) (Day) (Year)

Immediate cause of death Pulmonary Carcinoma
Duration 3 mo.

8. AGE: Years 77 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Louisville Kentucky (City, town or county) (State or foreign country)

10. Usual occupation credit manager

11. Industry or business

12. Name John W. Cunningham

13. Birthplace Dont know 7 (City, town, or county) (State or foreign country)

14. Maiden name Annetta Ingram 9

15. Birthplace Dont know 9 (City, town, or county) (State or foreign country)

16. (a) Informant John P. Cunningham, Wentzville, Mo.

(b) Address

17. (a) Burial (b) Date thereof, Sept 28 43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director E. E. Peterson
(b) Address Wentzville, Mo.

19. (a) 9/20/43 (b) Gertrude S. Torsted, (Date received by Registrar) (Registrar's signature)

Due to...
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 H. C. W. Murray M.D. or other M.D.
Address Wentzville, Mo. Date signed 9/21/43

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

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MA 10-11 A. 10-11 A. 10-11 A.

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 R. C. Pluman

Licensed Embalmer No. 2711
P. O. Address Wentzville, 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.