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X32873

Dr. Delzell

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1944
Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1078

Primary Registration District No. 3.000

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:
841 S. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 33 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 841 S. Campbell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Cunningham
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 28
year 1943 hour 7:00 minute _____ p. M.
21. I hereby certify that I attended the deceased from
Dec 10 1943 to Dec 28 1943
that I last saw him alive on Dec 28 19____
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife William T. Cunningham 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased: April 16 1858
(Month) (Day) (Year)

Immediate cause of death: Broncho Pneumonia
Due to _____
Due to _____
Other conditions: (Include pregnancy within 3 months of death) 107
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 85 Months 8 Days 12 If less than one day hr. _____ min. _____
9. Birthplace: Polk County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: None

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Asbury Roberson
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Roda E. Mitchell
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. F. Peer
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof Dec. 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 1-3-44 (b) Dr. W. H. Handley
(Date received local registrar) (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 _____
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) Means of injury _____
23. Signature W. A. Delzell (M. D. or other)
Address Springfield, Mo. Date signed Dec 2/44

984 (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.....

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.

This body not embalmed.