S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18036

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 426

9
2
6

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: South Yards Frisco Railroad 3 (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 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 3
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. South Yards Frisco Railway (If rural, give location) 6
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H. Cunningham

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

4. Sex Male 0 — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mary Cunningham — 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October (Month) 17, (Day) 1907 (Year)

8. AGE: Years 36 — Months 6 — Days 29 — If less than one day hr. min.

9. Birthplace Martin, (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Signalman

11. Industry or business Railroad

FATHER
12. Name Percy E. Cunningham
13. Birthplace Utah (City, town, or county) Utah (State or foreign country)

MOTHER
14. Maiden name Utah
15. Birthplace Utah (City, town, or county) Utah (State or foreign country)

16. (a) Informant Mr. R. W. Troth
(b) Address Springfield, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Tenn

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

19. (a) 5-17-44 (Date received local registrar) (b) Dr W. E. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1944 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from No Physician in attendance 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Railway accident Run over by freight cars

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

169-8
30

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) Accident
(b) Date of occurrence May 16, 1944
(c) Where did injury occur? Rural Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place. RR Yard, Run over by freight cars (Specify type of place)
While at work? No (e) Means of injury

23. Signature Murray C. Stone Coroner (M. D. or other)
Address Springfield, Mo. Date signed 5-17-44

944

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1944

JUN 30 1944

JUN 30 1944

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 Lewis G Schorpf

Licensed Embalmer No. 3802

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.