S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18895

State File No.

Registration District No. 229 Primary Registration District No. 3-954 Registrar's No. 31

1. PLACE OF DEATH:
(a) County Pike County
(b) City or town Rural 11 mi S.E. of Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Indian Twp / Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Rural, Indian Twp, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 11 mi S.E. of Vandalia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ONIE ELLEN CUNNINGHAM
3. (b) If veteran, name war
3. (c) Social Security No. 498-07-2998

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hurley Arthur Cunningham
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased November (Month) 22 (Day) 1894 (Year)

8. AGE: Years 49 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Audrain (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Henry Hoagland
13. Birthplace Summers Co (City, town, or county) West Virginia (State or foreign country)
MOTHER 14. Maiden name Mary Elizabeth Lovelace
15. Birthplace Lincoln County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. M. C. Heaton
(b) Address Vandalia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Cemetery
18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia, Mo
19. (a) May 14 1944 (Date received by local registrar) Mrs Frank Gard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1944 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 5, 1944 to May 11, 1944 that I last saw her alive on May 11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Stomach	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. H. Blank (M. D. or other)
Address Vandalia Mo Date signed May 11 1944

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 21 1944
District Health Officer No. 10
District File Number 6-44-1123
Date Filed JUN 9 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 N. S. Waters

Licensed Embalmer No. 14298

P. O. Address Vandalia 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.