

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 146

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

49,  
3

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
700 Valley Street  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 700 Valley Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME MARY A. CUNNINGHAM

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20, year 1944 hour 1: minute 15 A. M.

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

6. (b) Name of husband or wife Wm. R. Cunningham 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 10, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20, 1944, to June 20, 1944, that I last saw him alive on June 20, 1944, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death Myocardial failure, acute 4 hrs

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

10. Usual occupation Housewife

Due to Myocarditis, chronic 10 yrs?

Due to Senility 20 yrs?

11. Industry or business \_\_\_\_\_

12. Name F. M. James

13. Birthplace Nodaway Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Malissa Price

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

Other conditions Nephritis, chronic Unknown  
(Include pregnancy within 3 months of death)

16. (a) Informant Mrs. George Irwin

(b) Address Carthage, Missouri

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN 1318

Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 6-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exeter Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) June 22 '44 (b) Elizabeth Corpekin  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Manner of injury \_\_\_\_\_

23. Signature Ernest J. Matthews (M. D. or other) MD

Address Carthage, Mo. Date signed 6/22/44

44-6-532

**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..... *E. Dellmer*  
Licensed Embalmer No. *2222*  
P. O. Address..... *Carthage*

**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.**