

Registration District No. _____

Primary Registration District No. 3400

Registrar's No. 278

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Starkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Gen. Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether
In this community Life years, months or days)

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

3. (a) PRINT FULL NAME KENNA LYNN CUNNINGHAM

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 31 1937
(Month) (Day) (Year)

8. AGE: Years 7 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation School

11. Industry or business _____

MOTHER FATHER

12. Name Kenneth Cunningham

13. Birthplace Norwanger Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marie Giles

15. Birthplace Norwanger Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Cunningham
(b) Address Sumflower, Kan

17. (a) Burial (b) Date thereof 10/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norwanger Cemetery

18. (a) Signature of funeral director D. E. Boley

(b) Address Starkville, Mo

19. (a) 10-30-44 (b) Ms. L. Wagoner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1944 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 23
1944 to Oct 23 1944
that I last saw her alive on Oct 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema Duration 12 min

Due to acute food poison
accidental

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 E. S. Smith (M. D. or other) _____
Address Starkville Date signed 10/30/44

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

RECEIVED

District Health Officer No. 10

District File Number 11-44-1814

Date Filed NOV 7 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 J. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kennett 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.