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r. 5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34299

State File No. _____

LED NOV 13 1944

Registration District No. 132

Primary Registration District No. 5477

Registrar's No. 317

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:
R. 7 D # 5, Denton Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 84 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Russ
(If outside city or town limits, write "RURAL")

(d) Street No. R. 7 D #
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MILLEN Cunningham

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo E Cunningham

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

7. Birth date of deceased: 7 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Grundy County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name John Crawford

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

14. Maiden name Mary Hobbs

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

16. (a) Informant G.P. Cunningham

(b) Address Denton, Mo.

17. (a) burial (b) Date thereof 10-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dodge Cemetery, Grundy Co. Mo.

18. (a) Signature of funeral director Raymond A. Deane

(b) Address Denton, Mo.

19. (a) 10-24-44 (b) L. J. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1944 hour 6:45 minute 7 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to 10-21- 1944
that I last saw he alive on 10-21-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia-Bronchial
Diphtheria

Due to S

Due to 107

Other conditions Senility - Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Senility
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 Wm J. Ferson (M. D. or other) MD
Address Ferson Mo Date signed 10-24-44

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.....

Myself

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Raymond A. Dennis

Licensed Embalmer No. *3424*

P. O. Address. *Juntura 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.