

S. No. 2
 OM-542
 ev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2059

FILED FEB 5 1945
 Registration District No. 82

Primary Registration District No. 3017

State File No. _____

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County **COOPER**
 (b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ALEX RAVENSWAAY HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 DAYS**
(Specify whether years, months or days)
 In this community **3 DAYS**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **COOPER** 27
 (c) City or town **BLACKWATER** 0
(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 **THOMAS MASLIN CUNNINGHAM**
 3. (b) If veteran, name war **NONE**
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **JANUARY** day **10th**
 year **1945** hour **5** minute **a** M.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **ADDIE CUNNINGHAM** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **APRIL 3 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on **Jan 19**, 19**44**, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	80	9	7	hr. _____ min. _____

Immediate cause of death:
Extensive burns and shock
 Due to **his family burned off home**
 Duration **5 days**

9. Birthplace **SALINE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **181 15**

10. Usual occupation **DAY WORK**
 11. Industry or business **SELF EMPLOYED**

Major findings: **None**
 Of operations _____
 Of autopsy **None**
 PHYSICIAN _____

12. Name **SOLOMON CUNNINGHAM**
 13. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)
 14. Maiden name **JULIA McNEIL**
 15. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant **RICHARD CUNNINGHAM**
 (b) Address **MARSHALL, MO.**
 17. (a) **BURIAL** (b) Date thereof **JAN. 11, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident - fire**
 (b) Date of occurrence **Jan 5, 1945**
 (c) Where did injury occur? **Cooper County**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm home

(c) Place: burial or cremation **PENINSULA CEMETERY**
 18. (a) Signature of funeral director **STEGNER & KOENIG**
 (b) Address **BOONVILLE, MO.**
 19. (a) **1-11-45** (b) **Dr Ches. Swap**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (e) Means of injury **burns**
 23. Signature **Alex Ravenswaay** (M. D. or other) _____
 Address **Boonville Mo.** Date signed **Jan 10 1945**

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

27
 1
 2

MOTHER FATHER

RECEIVED

Health Officer No. 8

21-45

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 *James W. Stegner*

Licensed Embalmer No. *3780*

P. O. Address *Boonville, 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.