DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23704

FILED AUG 13 1945

Registration District No. 87 Primary Registration District No. 4107 Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El Dorado Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar 20
(c) City or town El Dorado Springs. ~~Rural~~ 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME CUNNINGHAM MARY E
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 16 (Day) 1853 (Year)
8. AGE: Years 92 Months 6 Days 16 If less than one day hr. min.
9. Birthplace Tenn (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name R. W. Worthington
13. Birthplace N.C. (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name Nancy Harmon
15. Birthplace Tenn (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mr Ed McMillian
(b) Address El Dorado Springs Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Horanon Chapel
18. (a) Signature of funeral director Gwinn Sisters
(b) Address El Dorado Springs Mo
19. (a) 7/28/45 (Date received local registrar) (b) L L Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from July 18th, 1945, to July 26, 1945 that I last saw her alive on July 18, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	
Due to Fractured Hip	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20
(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 C H Sinderwirth 2 (M. D. or other) DO
Address El Dorado Spgs Date signed 7-28-45

1046

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1946

RECEIVED

District Health Officer No. 7

Certificate Number 7-45-804

Date Filed 8-11-45

NOV 28 1945

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 O. B. Sides

Licensed Embalmer No. 3259

P.O. Address El Dorado Springs

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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. ..... ED AUG 13 1945

Registration District No. 67 Primary Registration District No. 4107 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary E. Cunningham

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

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

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

7. Birth date of deceased Jan (Month) 10 (Day) 1853 (Year)

8. AGE: Years 92 Months 6 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 26
year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

SUPPLEMENTARY

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence July 18, 1945

(c) Where did injury occur? Eldorado Spgs. (City or town) Cedar (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? ..... (e) Means of injury Slipped on rug

23. Signature C H Sanderwith (M. D. or other) DO

Address El Dorado Spgs Date signed 8-18-45

FEB 27 1946

NOV 28 1945

23104