S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

69
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Coroner John Tunnelee

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37956

FILED NOV 28 1945

State File No.

Registration District No. 218 — Primary Registration District No. 4330 — Registrar's No. 40

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution 1 mile South of East Prairie 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 6 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MISS. 67

(c) City or town EAST PRAIRIE (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 ESTON NEWTON CUNNINGHAM

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-24-2899

4. Sex MALE 0

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife WILLIE MAE CUNNINGHAM.

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased AUG (Month) 24 (Day) 1921 (Year)

8. AGE: Years 24 | Months 0 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace NEW CONCORD (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name DENNIS NEWTON CUNNINGHAM
13. Birthplace CADIS (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name FLORA ~~GUNN~~ ELDRYDGE
15. Birthplace MURRY (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Flora Cunningham

(b) Address Tulsa Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 16 (Day) 45 (Year)

(c) Place: burial or cremation Murray Ky.

18. (a) Signature of funeral director David Shelby

(b) Address East Prairie Mo

19. (a) 11-1-45 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 8 year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Attended As Coroner, 19__; that I last saw him alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound 3 inches to left + above umbilicus in abdomen

Due to accidental discharge of gun held in lands of father-

Due to in law William M. White

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.

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

(a) Accident, suicide, or homicide (specify) Accident 67

(b) Date of occurrence 9-8-1945

(c) Where did injury occur? 1 mi. So East Prairie Mo (City or town) (County) (State)

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

While at work? (e) Means of injury Accidental

23. Signature John F. Tunnelee Jr. (M.D. or other) Coroner

Address Charleston Mo. Date signed 9-10-45

1620

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1145-3291
Date Filed 11-24-45

DEC 16 1948

DEC 27 1948

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 not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.