

7. S. No. 2
OM-5-42
Rev. 5-17-39
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42828

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1945

Registration District No. 375

Primary Registration District No. 6284

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Embree Montgomery
(If outside city or town limits, write "RURAL" and name of township) 1 Jump

(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 Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Embree (Rural)
(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 No

3. (a) PRINT FULL NAME MARY PATIE FRUMBO

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 45 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 7 to Dec. 10, 1945
that I last saw her alive on Dec. 2, 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Joseph Cunningham

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

7. Birth date of deceased MARCH 5, 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage (apoplexy)

Duration 2 Mon.

Due to _____

Due to _____

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

8. AGE: Years 83 Months 9 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

Major findings: Of operations §301

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Michael Kirchnor

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

14. Maiden name MARY DRIESEL

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

16. (a) Informant John Cunningham

(b) Address Embree, Mo.

17. (a) Burial (b) Date thereof 10-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Embree, Mo.

18. (a) Signature of funeral director E. B. Garner

(b) Address Wm. Grove

19. (a) Dec. 15, 1945 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. G. Bridges (M. D. or other)

Address Manassas, Mo. Date signed 12-10-45

(Licensed Embalmer's Statement on Reverse Side)

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

14
60

RECEIVED
District Health Officer No. 6,
District File Number 146-37
Date Filed JAN 9 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 _____
_____ Registered Apprentice No. _____
working under my personal supervision.

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.