S. No. 2
M—2-43
y. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2338

FILED FEB 8 1946

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Cape GIRARDEAU
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether years, months or days)
In this community -----5 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Bloomfield
(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 IDA A. CONNELLY
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 Widow
6. (b) Name of husband or wife ---
Deceased
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased 4 (Month) 7 (Day) 1874 (Year)
8. AGE: Years 71 Months 9 Days 21 If less than one day hr. min.
9. Birthplace Stoddard county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name J. K. Cunningham
13. Birthplace ---- (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Hildred Simms
15. Birthplace Not known (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Daisy Oller (Siste
(b) Address Bloomfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield cemetery
18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.
19. (a) 2-2-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th year 1946 hour 1:45 minute A. M.
21. I hereby certify that I attended the deceased from Dec 22, 1945 to Jan 28, 1946 that I last saw he alive on Jan 27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-renal-Vascular disease	
Due to: Hypostatic Pneumonia	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: 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) no
(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 (M. D. or other) Md
Address Cape Girardeau Date signed 2-28-46

44 (Licensed Embalmer's Statement on Reverse Side)

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

335

RECEIVED

District Health Officer No. 4

District Reg. Number 246-1679

Date Filed 2-7-46

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 Ivan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.