

S. No. 2
M-5-42
v. 5-17-39
X32873

9058

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 292

FILED APR 8 1946
Registration District No. 128

Primary Registration District No. 2000

7986
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
1801 W. Calhoun St.
(d) Length of stay: In hospital or institution 86 Years
In this community 86 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1801 W. Calhoun St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LUCY ELMIRA CUNNINGHAM
(b) If veteran, name war none
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30th
year 1946 hour 6:40 AM minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
7. Birth date of deceased: March 28, 1860

21. I hereby certify that I attended the deceased from Mar. 1 1946, to Mar 30
that I last saw her alive on Mar-30
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Paralysis
Due to Ch. Hypertensive cardiac vasculature
Due to _____
Other conditions _____
Major findings: _____
Of autopsy _____

Duration 10 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Greene County, Missouri
10. Usual occupation None
11. Industry or business None
12. Name John Camp
13. Birthplace Unknown, Tennessee
14. Maiden name Susan Anderson
15. Birthplace Unknown, Unknown
16. (a) Informant Mrs. Herman Rose
(b) Address 1801 W. Calhoun St., Springfield, Mo
17. (a) burial (b) Date thereof Apr. 3, 1946
(c) Place: burial or cremation Danforth Cemetery
18. (a) Signature of funeral director Fred O. Thieme
(b) Address Springfield, Mo
19. (a) 4-3-46 (b) W. H. Handley

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Arthur St. Paul (M. D. or other) MD
Address 950 W. E. Court, Springfield, Mo. Date 4-1-46

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.....

Ralph G. Linn

Licensed Embalmer No..... 3681

P. O. Address..... Springfield, 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.