

S. No. 2
M-2-43
7-5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16397**

FILED APR 16 1946

Registration District No. _____

Primary Registration District No. **3021**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **GRUNDY**
(b) City or town **TRENTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **926 RURAL ST 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 **33 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GRUNDY 40**
(c) City or town **TRENTON 1**
(If outside city or town limits, write "RURAL")
(d) Street No. **926 RURAL ST 2**
(If rural, give location) **0**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ELIZA Cunningham**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NO 9 A**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **M. V. Cunningham** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **Dec 2 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **3** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **McBurt** **Ill 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **ANDREW ALPHONSO MAN**

13. Birthplace **McBurt** **ILL 1**
(City, town, or county) (State or foreign country)

14. Maiden name **THOES JOHNSTON**

15. Birthplace **McBurt** **Ill 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. V. Cunningham**
(b) Address **Trenton Mo.**

17. (a) **burial** (b) Date thereof **Mar. 17 1946**
(Burial, cremation, or removal) (Month) (Day) (Year).

(c) Place burial or cremation **Missouri Country**

18. (a) Signature of funeral director **Ray & Dan**
(b) Address **Trenton Mo.**

19. (a) **3-20-46** (b) **Drene Fair**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **14**
year **1946** hour **11:40** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 1** 1945 to **March 14** 1946;
that I last saw **her** alive on **March 11** 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-sclerosis**
Duration **Five years**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **9M**

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 **W. H. Muller, M.D.** (M. D. or other) _____

Address **Trenton Mo.** Date signed **3-15-46**

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

JUN 12 1945

APR 15 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Myself

..... Registered Apprentice No.....

working under my personal supervision.

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Drenton, 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.