

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 28

FILED SEP 14 1946
Registration District No. 143

Primary Registration District No. 55-60-4232

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
25823
026

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Willow Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Willow Springs 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Barnett Van CUNNINGHAM
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan. 19, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 4 hr. _____ min.

9. Birthplace: Eveing Shade, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER
12. Name Wilson Van Cunningham
13. Birthplace Farmington, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Barnett
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.C. Clingan
(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 7/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Spgs. Cemetery

18. (a) Signature of funeral director Burns Funeral Home
(b) Address Willow Springs, Mo.

19. (a) 7-24-46 (b) Stam Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23,
year 1946 hour 5 minute _____ a.M.
21. I hereby certify that I attended the deceased from
May 12 - 1939 to 7-23-46
that I last saw h _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration
Chronic Myocarditis 3 yrs
Due to Arteriosclerosis 10 yrs
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy g3d
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) _____
(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 0
23. Signature W. L. Ballman (M. D. number) _____
Address Willow Springs Date signed 7/24/46

RECEIVED

District Health Officer No. 5,

District File Number 946.515

Date Filed 9-13-46

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.....

Fred W. Barnes....., Registered Apprentice No. 413.

working under my personal supervision.

Signed *Thomas R. Burns*
Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.