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FILED DEC 11 1946
Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 942

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Oct. 27 to Nov. 23
(28 days in hospital) (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Everton Mo
(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 Arizona Perdine Cunningham
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife not known 6. (c) Age of husband or wife if husband deceased alive _____ years
7. Birth date of deceased Dec. 23 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 0 hr. min.

9. Birthplace Everton - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business none

12. Name Geo. Meek 9

13. Birthplace not known? 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Dudley 9

15. Birthplace not known? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Carrie Brown 11
(b) Address Sulsa Okla.

17. (a) Burish (b) Date thereof 11-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sinking Creek

18. (a) Signature of funeral director Miller
(b) Address Miller Mo.

19. (a) 12-4-46 (b) W. H. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1946 hour 10 minute 58 M.
21. I hereby certify that I attended the deceased from Oct. 27
1946, to Nov 23, 1946
that I last saw her alive on Nov. 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction 1 Mo.
Due to Virus Pneumonia 12 yrs.
Due to Hypertensive Heart Disease

Other conditions 0
(Include pregnancy within 3 months of death)
Major findings: 0
Of operations: 0
Of autopsy 0

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?

While at work? _____ (Specify type of place)
(e) Means of injury OV
23. Signature Leslie R. Webb (M. D. or other)
Address Springfield Mo. Date signed 11/29/46

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

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..... *G. R. Luman*

Licensed Embalmer No. *3297*

P. O. Address *Miller 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.