

FILED JAN 9 1947

State File No.

Registration District No. 118

Primary Registration District No. 5438

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Lascomade
(b) City or town Rural BRUSH CREEK TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 11 years years, months or days

3. (a) PRINT FULL NAME JESSIE ADOLPH CUNIO

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
7. (b) Name of husband or wife Christine 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 1867 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Gened Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Marion Cunio
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Mollie Phillips
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Mitchell
(b) Address Quensville, Missouri

17. (a) Burial (b) Date thereof 12 28 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buch Com. at Labadie Mo

18. (a) Signature of funeral director Willford H. N. Winter
(b) Address Quensville, Mo.

19. (a) 12-31-46 (b) Lorelly Backman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lascomade
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Quensville Route (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1946 hour 11 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec. 8 1946 to Dec 26 1946
that I last saw him alive on Dec. 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 18 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None PHYSICIAN 94A
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 0

23. Signature Paula Bruner (M. D. or other) Ph
Address Quensville, Mo. Date signed 12-28-46

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-8-42

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 *Me*

....., Registered Apprentice No.
working under my personal supervision.

Signed

Marford H. H. Witter

Licensed Embalmer No. *3838*

P. O. Address *Quiversville 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.