

FILED JAN 7 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43203

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Prosperity
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 519 Prosperity (If rural, give location)
(e) If foreign born, how long in U. S. A. No years.

3. (a) PRINT FULL NAME THOMAS. A. CUNNINGHAM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Delia Cunningham (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 9 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Decorator - painter

11. Industry or business

12. Name W. B. Cunningham

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary Rogers

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred Byrd

(b) Address Matthews, Mo

17. (a) Burial (b) Date thereof 12/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo

18. (a) Signature of funeral director Taylor Funeral Home

(b) Address Sikeston, Mo

19. (a) 12-27-46 (b) Mrs. T. F. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 9/15/45 to 12/8 1946 and that I last saw him alive on 12/6/46 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death).

Major findings: Of operations 94A

Of autopsy _____

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 E. D. Urban (M. D. or other) M. D.
Address Sikeston, Mo Date signed 12/24/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JAN 23 1947

RECEIVED

District Health Office No. 2,

District File Number 1246-1510

Date Filed 12-31-46

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 James M. Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie,

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.