S. No. 2
—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

Registration District No. 187

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1715

Primary Registration District No. 3040

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
416 Reynard Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")

(d) Street No. 416 Reynard Street 2
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME William A. Cunningham

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hallie Cunningham

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased ..... (Month) ..... (Day) 1859 (Year)

8. AGE: Years 87 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name John Cunningham
13. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Debro Green
15. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant C. P. Cunningham
(b) Address Chillicothe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Avalon Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) Jan 25/47 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1947 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 2, 1946, to Jan 27, 1947
that I last saw him alive on Jan 25, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolism	24 hrs
Due to: Arteriosclerosis & hypertension	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

97

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 M. M. Burnell (M.D. or other)

Address Chillicothe Mo Date signed 1/25/47

171

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed Eston L. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.