

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8475

FILED MAR 21 1947

State File No.

Registration District No. 101

Primary Registration District No. 5399

Registrar's No. 2

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

3. (a) PRINT FULL NAME Sebastian B. Cunningham
 3. (b) If veteran, name war No
 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margett Phipps Cunningham 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased May 4, 1882
 (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 4 If less than one day
 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name John Cunningham
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Margett Leda Brake
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant John Cunningham
 (b) Address Ans mo
 17. (a) Burial (b) Date thereof 2-10-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Springcreek

18. (a) Signature of funeral director Clinkingbeard Funeral H
 (b) Address Ava, Missouri

19. (a) 3-4-47 (b) Vestal Bushman
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
 year 1947 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb 7th
1947 to Feb 8th 1947
 that I last saw him alive on Feb 7th 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart failure Duration

Due to Heart failure
 Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 132
 Of autopsy
 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)
 (c) Means of injury
 23. Signature W. P. Shuman
 Address Ans mo
 Date 3/4/47

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

RECEIVED

District Health Officer No. 6;

District File Number 347-318

Date Filed MAR 13 1947

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.....

W.B. Hutchison

Licensed Embalmer No.

34 31

P. O. Address.....

2nd MD

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.