

Registration District No. 27

Primary Registration District No. 3003

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South High St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Lifetime (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JOHN ROBERT CUNNINGHAM

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

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

6. (b) Name of husband or wife Martha Elizabeth 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 8 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 24
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John B. Cunningham

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kent
(City, town, or county) (State or foreign country)

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Elizabeth

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof 4-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

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

(b) Address Butler, Mo.

19. (a) 4-5-47 (b) Randall Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1947 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from D.O.A., 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to died suddenly while working in garden

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

Major findings: Of operations _____

Of autopsy None Performed

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 Coroner

23. Signature John J. Anderson (M. D. or other)
Address Butler, Mo. Date signed 4/2/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 4-47-608
Date filed 5-20-47

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.....

Samuel H. Beck, Registered Apprentice No. 471,
working under my personal supervision.

Signed John J. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.