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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18084

Registration District No. 192

Primary Registration District No. 5707

Registrar's No. 70

1. PLACE OF DEATH:

(a) County one Donald

(b) City or town Rural one millain top  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County one Donald

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

(d) Street No. 6 mi. N. W. of Anderson  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALFRED C. CUNNINGHAM

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day March  
year 1947 hour 8.30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 10 1940 to Mar. 13 1947  
that I last saw him alive on Mar. 12 1947  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Cunningham 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: April 18 1873  
(Month) (Day) (Year)

Immediate cause of death Coronary Atherosclerosis

Duration 6 years

8. AGE: Years Months Days If less than one day

73 10 25 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Farming

Major findings: Of operations 94 B

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John W. Cunningham

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

14. Maiden name Sarah Davidson

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

16. (a) Informant Louise Mc Guire

(b) Address Anderson, Mo.

17. (a) Burial (b) Date thereof 3-16-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director J. W. Bond

(b) Address Anderson, Mo.

19. (a) 6-10-47 (b) Virginia Buck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) Means of injury ?

23. Signature S. W. Bush (M. D. or other) \_\_\_\_\_  
Address Anderson, Mo. Date signed 3/20/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File number 647-659

Date Filed JUN 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 me

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

Signed R. E. Cheston

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.