No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 37044

Registrar's No. 306

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 825 Range Line
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 34 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 825 Range Line
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: U

3. (a) PRINT FULL NAME: ROBERT SIDNEY CUNNINGHAM
3. (b) If veteran, name war: None
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: Della Peacher Cunningham
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: 9 (Month) - 22 (Day) - 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	0	..... hr. ..... min.

9. Birthplace: Howard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Printer
11. Industry or business:
FATHER
12. Name: Charles William Cunningham
13. Birthplace: Howard County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Amanda Swearingen
15. Birthplace: Howard County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Robt. S. Cunningham
(b) Address: 825 Range Line, Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-24-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) Nov 25 1947 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 22 year: 1947 hour: 6 minute: 30 A.M.
21. I hereby certify that I attended the deceased from November 21, 1947, to November 22, 1947; that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: malnutrition	6-8 months
Due to: Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death): pulmonary fibrosis, emphysema	

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury:

23. Signature: Charles C. Leech (M. D. or other) M.D.
Address: Columbia, Missouri Date signed: 11/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number 12-5-47
Date Filed

FEB 18 1958

DEC 8 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. V. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.