

FILED MAY 21 1948

Registration District No. **192**

Primary Registration District No. **5707**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural
(c) Name of hospital or institution: 6 mis. N.W. of Anderson
(d) Length of stay: In hospital or institution 6 1/2 yrs
In this community 6 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Rural
(d) Street No. 6 mis N.W. of Anderson
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME MARY JEANETTA CUNNINGHAM

MEDICAL CERTIFICATION

3. (b) If veteran, name war none 3. (c) Social Security No. none

20. DATE OF DEATH: Month Apr, day 30, year 1948 hour 11:00 minute P M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alfred Cunningham 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov 16 1891

21. I hereby certify that I attended the deceased from Apr 30 1948, to Apr 30 1948, that I last saw her alive on Apr 30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs

8. AGE: Years 7 1/2 Months 5 Days 13 If less than one day ✓ hr. ✓ min.

Due to _____
Due to _____

9. Birthplace Clintonville Penn

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

10. Usual occupation Housewife

Major findings: Of operations g. b. w.

11. Industry or business ✓

MOTHER FATHER { 12. Name James Macauley
13. Birthplace Lynn Mo
14. Maiden name Mary A. Johnson
15. Birthplace Pulaski Co. Pa.

Of autopsy _____

16. (a) Informant Louise McHure

22. If death was due to external causes, fill in the following:

(b) Address Anderson, Mo.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 5-2-1948
(c) Place: burial or cremation Anderson, Mo.

(b) Date of occurrence _____

18. (a) Signature of funeral director J. B. B. B.

(c) Where did injury occur? _____

(b) Address Anderson, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) 5-12-48 (b) Virginia Buck

While at work? _____

(Date received local registrar) (Registrar's signature) 371

23. Signature J. B. B. B. (M. D. or other) _____

Address Anderson, Mo. Date signed 5-12-48

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

RECEIVED

District Health Officer No. 6;

District File Number 548-601

Date Filed MAY 20 1948

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. Cheatham

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, above space should be left blank.