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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20592

State File No.

Registration District No. 396

Primary Registration District No. 4461

Registrar's No. 205

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bismark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Bismark
(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 Mo. (b) County St. Francois
(c) City or town Bismarck
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Richard Philip Cunmingham
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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July 11, 1947
(Month) (Day) (Year)

8. AGE: Years | Months 11 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Bismark, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business

FATHER
12. Name Ralph Cunmingham
13. Birthplace Redbud, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Cox
15. Birthplace Bismark, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Cunmingham
(b) Address Bismark, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48
(Month) (Day) (Year)
(c) Place: burial or cremation I.O.O. F. cemetery
18. (a) Signature of funeral director White Funeral Home
(b) Address Ironton, Mo.
19. (a) 6-24-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1948 hour 6 a minute ..... M.

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

	Duration
Immediate cause of death Double Virus Pneumonia	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
While at work? (e) Means of injury

23. Signature F. H. Gale (M. D. or other)
Address Bismarck, Mo. Date signed 6/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 648-8

Date Filed 6-28-48

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 Rucel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.