

FILED AUG 2 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 633

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1728 Washington
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H. Cunningham

3. (b) If veteran, name war No. 3. (c) Social Security No. 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 May 6 1936
(Month) (Day) (Year)

8. AGE: Years 12 Months 2 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name William J. Cunningham
13. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mela Swegart
15. Birthplace Ava Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Cunningham

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-31-48 (b) W.E. Hensley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from 7-28-48, 19____, to 7-29-48, 19____;
that I last saw h. 17 alive on 7-29-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute obstruction of ileum and paralytic ileus
Duration 12 hrs.

Due to Band of adhesion following appendectomy June 47

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Obstruction of ileum
Of operations Same as above
Of autopsy _____

PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0 ✓

23. Signature E.J. Schwartz (M. D. certifier)
Address Med. Dist. Bldg. Springfield Date signed 7-30-48

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

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 Walter C. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.