

No. 2000
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25811

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 2 1948

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 108

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BOON'S LICK BOARDING HOME 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YEARS
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

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

(d) Street No. BOON'S LICK BOARDING HOME 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ADDIE MAE CUNNINGHAM

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 29 - 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 20th
year 1948 hour 5:15 minute a. M.

21. I hereby certify that I attended the deceased from NEVER SEEN ALIVE 19____ to 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death CARCINOMA OF CHEST & RIGHT & LEFT BREASTS

Due to _____

Due to _____

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

9. Birthplace PETTIS COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PATIENT

11. Industry or business BOARDING HOME

MOTHER FATHER {

12. Name CHARLES SMITH

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

14. Maiden name MARY JANE SMITH

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

16. (a) Informant MRS JOHN HAGGARD

(b) Address BOONVILLE - MO.

17. (a) BURIAL (b) Date thereof 8/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PENINSULA CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE MO

19. (a) 8-23-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: 50

Of operations _____

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 _____

23. Signature [Signature] (Registrar's signature)
Address Boonville Mo Date signed 8/20/48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-1-48

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 William N. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.