S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27438

FILED SEP 9 1948

Registration District No. 396 — Primary Registration District No. 6075 — Registrar's No. 280

94 6 0

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

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington, Mo. R.F.D. No. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (St. Francois Hosp.)
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Francois 94
(c) City or town: Farmington, Mo. R.F.D. No. 2. 6
(If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mrs. Frances Medora Cunningham
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mr. James W. Cunningham
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Nov. (Month) — 27 (Day) — 1864 (Year)

8. AGE: Years 83 | Months 8 | Days 27. | If less than one day ..... hr. ..... min.

9. Birthplace: Pawley, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation: Housewife - retired
11. Industry or business .....

MOTHER FATHER
12. Name: Mr. John Shearlock.
13. Birthplace: Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name: Mary Conway.
15. Birthplace: Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant: Mrs. Genevieve Bartch (daughter)
(b) Address: Farmington, Mo. R.F.D. No. 2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 26 - 1948. (Month) (Day) (Year)
(c) Place: burial or cremation: Park View - Farmington, Mo.
18. (a) Signature of funeral director: Alvin W. Hood
(b) Address: 303 Crane St. Flat River, Mo.
19. (a) 8-30-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 26 year: 1948 hour: 8:15 minute: am M.
21. I hereby certify that I attended the deceased from Aug 18 1948 to Aug. 23 1948; that I last saw her alive on Aug. 22 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	1 month
Due to: Cerebral atherosclerosis	unknown
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: Byron Taylor Jr. (M. D. or other) MD
Address: Flat River, Mo. Date signed: Aug 26 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-1135

Date Filed 9-2-48

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 Alvin W Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Fall River, Ma

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.