

S. No. 300
M-10-47
y. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29448

FILED SEP 20 1948

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 772

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:
830 South New 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 4 ys. in City. Lifetime in State
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 830 South New
(If rural, give location)
No

(e) Citizen of foreign country? _____ (Yes or No)
State _____
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Prudence Cunningham

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 th.
year 1948 hour 4 minute 30 P.M.

4. Sex F M / race White

5. Color or race White

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

6. (b) Name of husband or wife Wm. Elroy Cunningham

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 12 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2 1948 to Sept 2 1948
that I last saw her alive on Sept 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Neurovascular, Pulmonary Duration _____

8. AGE: Years 63 Months 3 Days 2 If less than one day hr. _____ min. _____

Due to Chronic Bronchitis

Due to _____

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

10. Usual occupation Housewife

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

Major findings: Of operations _____

11. Industry or business _____

12. Name William I. Haymes

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

14. Maiden name Mary C. Poteet

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

Of autopsy 106

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Haymes

(b) Address 2033 N. Prospect, Springfield, Mo.

17. (a) Burial (b) Date thereof 9-16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W.L. Dunn

(b) Address Springfield, Mo.

19. (a) 9-16-48 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature W. L. Dunn (M. D. or other) AC
Address 613 W. Walnut Date signed 9/15-48

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

9
2
6

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 HA Mc Cam

Licensed Embalmer No. 2729

P. O. Address Springfield MS

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.