No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9, 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No. 33541

Registrar's No. 162

1. PLACE OF DEATH:

(a) County: Mercer

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

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)

In this community: all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mercer 65

(c) City or town: Princeton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Albert E. Cunningham

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male 1

5. Color or race: white

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

6. (b) Name of husband or wife: Parcie Cunningham

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: Sept. 9, 1882 (Month) (Day) (Year)

8. AGE: Years 66 | Months 1 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace (City, town, or county): Missouri (State or foreign country): 0

10. Usual occupation: farmer

11. Industry or business:

FATHER
12. Name: Burgess Cunningham
13. Birthplace (City, town, or county) (State or foreign country): unknown 9

MOTHER
14. Maiden name: Leatha Ader
15. Birthplace (City, town, or county) (State or foreign country): unknown 9

16. (a) Informant: Mrs Chester Wendt
(b) Address: Princeton, Mo 10-20-48

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Early

18. (a) Signature of funeral director: Noel Moss
(b) Address: Princeton, Mo

19. (a) 10-23-48 (Date received local registrar) (b) M. J. Ruth Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1948 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Oct 8, 1948 to Oct 18, 1948 and that I last saw him alive on October 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure

Due to: Generalized Miliary tuberculosis of both lungs

Due to:

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

Major findings:
Of operations:

Of autopsy:

Duration

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: Theodore B. Fickes (M. D. or other) D.O.

Address: Princeton, Mo. Date signed 10-23-48

Jefferson City Printing Co.

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Noel Moss

Licensed Embalmer No. 2634

P. O. Address Gallatin 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.