

37651

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 1 1948

Registration District No. 292

Primary Registration District No. 5971

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Folk Missouri Township

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

(c) Name of hospital or institution:
6 Miles S. of Balmar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
Life

In this community _____ years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Folk

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

(d) Street No. 6 Miles S. of Balmar
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Ollie Alberta Cunningham

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1948 hour 7:10 minute PM

4. Sex Female 5. Color of hair White

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

6. (b) Name of husband or wife Geo. Cunningham 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 12, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 25, 1947 to Nov 18, 1948

that I last saw her alive on Nov 14, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 10 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Ruptured Gall Bladder

Due to Enlargement

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

Due to Asthma Abscess on River

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

Major findings: Of operations 127B

Of autopsy _____

11. Industry or business House Work

12. Name Folk Cunningham

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

14. Maiden name Rebecca Chenavorth

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

16. (a) Informant Geo. Cunningham

(b) Address Balmar Mo

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof Nov 26, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation W. H. Lead Cemetery

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Lawrence Blue

(b) Address Balmar Mo

19. (a) Nov 26, 1948 (Date received local registrar) (b) Ralph Gardner (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 J. N. Bridges (or other) _____

Address 1902 E. War Mo (City, town, or county) (State)

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

0. 2
2-43
7-39
X35697

RECEIVED

District Health Officer No. 7,

District File Number 10-48-1387

Date Filed 11-30-42

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

Harold B. Emmer

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md

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.