

650 MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5722
Do not use this space.

1. PLACE OF DEATH

(a) County Adair
(b) Township Benton
(c) City Kirkville, Mo.
(e) Length of residence in city or town where death occurred 55⁴² yrs. mos. ds.

Registration District No. 802 3001
Primary Registration District No. 6046 Registered No. 39
(d) Street No. Grim-Smith Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas Cunningham
(a) Residence, No. Downing, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rena Grace Puls

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
68 10 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) not known 11. Total time (years) spent in this occupation not known

12. BIRTHPLACE (CITY OR TOWN) Knox County Missouri (STATE OR COUNTRY)

13. NAME Wilford Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Virginia Funk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Fern Myers (ADDRESS) Memphis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Downing Mo. DATE Mar 5, 1939

19. FUNERAL DIRECTOR (NAME) Heath Bookbinder (ADDRESS) Memphis Mo.

20. FILED Me 6, 1939 T. E. Green Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1939, to 3-2, 1939

I last saw h. i. m. alive on 3-2, 1939 Death is said to have occurred on the date stated above, at 6:10 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 2-28-39

Other contributory causes of importance: Lobar pneumonia 2-20-39

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XXXX Date of injury , 19

Where did injury occur? XXXX (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XXXXXXXXXX
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. S. Smith M. D.
E. S. Smith, M. D. M. D.
(Address) Kirkville, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-438

Date Filed MAR 9 1939

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,

Fredrick Lutz Jr

or by 168

Registered Apprentice No. _____, working under my personal supervision.

Signed Alfred C Gerth

Licensed Embalmer No. 3689

P. O. Address Memphis 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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5722
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township _____ Primary Registration District No. 3001 Registered No. 82
 (c) City Kennett (d) Street No. Summit Smith Hosp. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Downing St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) sm
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bena Grace Pule
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-24-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 10 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Mo.

FATHER 13. NAME Wilford Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox County, Missouri

MOTHER 15. MAIDEN NAME Virginia Funk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Fern Sawyer
Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Downing Mo DATE 3-5-1939

19. FUNERAL DIRECTOR (ADDRESS) Bertha Baskett
Memphis Mo

20. FILED Apr 1, 1939 Spencer L. Nelson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-24-1939 to 3-2-1939

I last saw him alive on 3-2-1939 Death is said to have occurred on the date stated above, at 6:30 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 2-28/39
Lobar Pneumonia 2-20/39
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) E. S. Smith, M. D.
 (Address) Kennett Mo

U. S. DISTRICTS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

