

RECD JUL 19 1939

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

23125
Do not use this space.

1. PLACE OF DEATH

(a) County St. L. Registration District No. 773
 (b) Township 1 Primary Registration District No. 4464 Registered No. 103
 (c) City Farmington (d) Street No. _____ 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. _____ St. (If nonresident, give city or town and State)
Geo. J. Cundiff

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Hemack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 18 69

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 3 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. shoemaker
 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) Farmington Mo.

13. NAME Jack Cundiff

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

15. MAIDEN NAME Lucy Murphy

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

17. INFORMANT (ADDRESS) Mrs. Geo. Cundiff Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE K.O.P. Farmington DATE 6/18/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farmington Ind. Co. Farmington Mo.

20. FILED June 17, 1939 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1935, to June 17, 1939
 last saw him alive on April 1, 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
g.f.u.
 Date of onset 6-17-39

Other contributory causes of importance:
Arteriosclerosis
+ Cerebral hemorrhage 1936-37-38

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) Geo. P. Walters M. D.
699 (Address) Farmington Mo.

N. B.—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.

94
5
1

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, *me* or by.....

C. H. Cozcan
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

C. H. Cozcan
.....
Licensed Embalmer No. *04084*

P. O. Address.....
Farmington

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.