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.

REC'D SEP 6 1939

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

29219
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy 2 Registration District No. 328
(b) Township Harrison 1 Primary Registration District No. 5463 Registered No.
(c) City (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 552 William Aram Cunningham
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Marrie d
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Viola Cunningham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 30 1882
7. AGE: 57 YEARS, MONTHS: I, DAYS: 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Grundy Co. Mo. 0

FATHER
13. NAME: William Cumningham 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy Co. Mo. 0

MOTHER
15. MAIDEN NAME: Bosby Brownawell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Mo.

17. INFORMANT (ADDRESS): Viola Cunningham Trenton Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Half Rock Cem. DATE May 30 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas. E. Schooler Spickard Mo.
20. FILED 5-30 1939 Irene D Law Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28 1939
22. I HEREBY CERTIFY, That I attended deceased from May 28, 1939, to May 28, 1939
I last saw him alive on May 28, 1939. Death is said to have occurred on the date stated above, at 3:30pm.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 5-28-39

82 ii

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify
(Signed) C H Coulter, M. D.
300 (Address) Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

Certificate No. 11
District File Number 939-1089
Date Filed AUG 23 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 Ross Wise, or by .....

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

Signed Ross Wise

Licensed Embalmer No. 8771

P. O. Address Spickard Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.