

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15540

State File No. _____

Registration District No. 597

Primary Registration District No. 1300

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Belleflower, Mo.
(c) Name of hospital or institution: Montgomery City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether)
In this community Foreigner years
years, months or days 1 week 5 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery
(c) City or town Near Belleflower, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1940 hour 12 minute 40 M.

21. I hereby certify that I attended the deceased from Steeden Weathers
that I last saw him alive on April 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Seciude - Seen shot Duration 4-2-40
Wound of Head
Due to 22 shot (rifle)

Other conditions (Include pregnancy within 3 months of death) 167

Major findings: Of operations _____
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Seciude
(b) Date of occurrence April 2, 1940
(c) Where did injury occur? Montgomery City, Mont. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - Subd - Mrs Gibson
597 While at work? No (Specify type of place) (e) Means of injury 22 shot

23. Signature E. J. T. Anderson (M. D. or other) M.D.
Address Montgomery City Date signed 4-2-40

3. (a) PRINT FULL NAME Sam C Cunningham

3. (b) If veteran, name war None 3. (c) Social Security No. 1

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 9 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 23 If less than one day ✓
hr. min.

9. Birthplace Mount Carmel Ill (City, town, or county) (State or foreign country)

10. Usual occupation Farm Labor

11. Industry or business General duties

12. Name Goddie Cunningham

13. Birthplace Wabash Co Ill (City, town, or county) (State or foreign country)

14. Maiden name Kinga Rogers

15. Birthplace Wabash Co Ill (City, town, or county) (State or foreign country)

16. (a) Informant Wm West

(b) Address Belleflower Mo

17. (a) Belleflower Mo (b) Date thereof 4-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleflower Mo

18. (a) Signature of funeral director Clayton Jones

(b) Address Belleflower Mo

19. (a) April 3, 40 (b) Dull Memphis
(Date received local registrar) (Registrar's signature)
597 (Licensed Embalmer's Statement on Reverse Side)

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

0
5
0

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 _____

Cedric O. Jones, Registered Apprentice No. 246
working under my personal supervision.

Signed Oland A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower, 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.