No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28341

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 88

FILED SEP 19 1940

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Alex Ravenswaay Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week. (Specify whether years, months or days)
In this community life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Blackwater, 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.

3. (a) PRINT FULL NAME Mrs. Verna Cunningham.
3. (b) If veteran, name war ----
3. (c) Social Security No. 495-01-7058
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilbur Cunningham.
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Nov. (Month) 17th (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
32	9	3	____ hr. ____ min.

9. Birthplace Saline County, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife, & Clerk
11. Industry or business At home. Drug Store
FATHER 12. Name Bud Griffith.
FATHER 13. Birthplace Saline County, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Allie Gash.
MOTHER 15. Birthplace Saline County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Bud Griffith.
(b) Address Blackwater, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22nd/40 (Month) (Day) (Year)
(c) Place: burial or cremation Salt Fork Cemetery.
18. (a) Signature of funeral director Goodman & Bolle
(b) Address Boonville, Mo.
19. (a) 8-22-40 (Date received local registrar) (b) D. C. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th year 1940 hour 5:30 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from Aug. 11, 1940, to Aug. 20, 1940, that I last saw her alive on 8-20, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Acute Nephritis from mercurial Poisoning.	10 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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) Suicide
(b) Date of occurrence 8-20-40
(c) Where did injury occur? Blackwater, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Bichloride of Mercury

23. Signature Lynsey H. Wells M.D.
Address Boonville, Mo. Date signed 8-21-40

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1947

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-40

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Booneville, Mi

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

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