FILED DEC 12 1940

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

38611
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin — Registration District No. 288
(b) Township or City Kennett — Primary Registration District No. 4172 — Registered No.
(c) City Kennett — (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 NANNIE JONES Cunningham
(a) Residence, No. 0 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 F
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 Sam Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-17-1885

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Success (STATE OR COUNTRY) Arkansas

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) Not (STATE OR COUNTRY) Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) Not (STATE OR COUNTRY) Known

17. INFORMANT Sam Cunningham (ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel DATE Nov-16 1940

19. FUNERAL DIRECTOR (NAME) Paul Salmon (ADDRESS) Kennett Mo

20. FILED 11-15-1940 Thula Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-15 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1 1940, to Nov 15th 1940
I last saw h alive on 11-12 1940 Death is said to have occurred on the date stated above, at 130 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Larynx	
Pneumonia	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? cancer 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) Thula Davis, M. D.
(Address) Kennett Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

47

RECEIVED
District Health Officer No. 2
District File Number 1246-182
Date Filed 12/12/4

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

No. 2B
2-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38611

Registration District No. 288 Primary Registration District No. 4172 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett (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 Nannie Jones Cunningham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 11-15-40 (Date received local registrar) (b) Dr Wheeler Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Larynx + Palate

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wheeler Davis (M. D. or other)

Address Kennett Mo Date signed

No. 2B
2-21-40
X22659

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(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Larynx & Palate

Due to Dr. in Hosp at this time

Due to

Other conditions (Include pregnancy within 3 months of death) N. M. O.

Major findings:
Of operations
Of autopsy 47

Duration

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wheeler Davis (M. D. or other)

Address Kennett Mo Date signed

L. H. SHEPARD
JUDGE FIRST DISTRICT
CLARKTON, MISSOURI

L. A. PICKARD
PRESIDING JUDGE
KENNETT, MISSOURI

C. M. BURCHAM
JUDGE SECOND DISTRICT
SENATH, MISSOURI

OFFICE OF THE COUNTY COURT

DUNKLIN COUNTY

KENNETT, MISSOURI

COUNTY OFFICERS
O. S. HARRISON
PROBATE JUDGE
G. D. MILES
SHERIFF
DR. G. I. GILMORE
CORONER
JOHN T. McKAY, JR.
PROSECUTING ATTORNEY
DREW VARDELL
TREASURER AND EX-OFFICIO COLLECTOR
J. R. OLIVER
COUNTY CLERK
LUTHER YOUNG
CIRCUIT CLERK
T. G. DOUGLASS
SUPERINTENDENT OF SCHOOLS
LEE SHULTZ
RECORDER OF DEEDS

January 30, 1941

State Board of Health
Vital Statistics
Jeffferson City, Mo.

RE;
Death of Nannie Jones Cunningham
Died November 15, 1940

Dear Sir;

Doctor Davis is in the hospital at the present. He was the doctor of this patient., so therefore I cannot fill in the space what this disease was due to.

Yours truly,

Dr Wheeler Davis
By A M.