

Registration District No. 109 Primary Registration District No. 5158 Registrar's No. 1006

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Rural
 (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 None
 In this community six years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Henry Cundiff

3. (b) If veteran, name war Not correct
Has Social Security
407-16-1166

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

6. (b) Name of husband or wife Bettie Cundiff
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased April 1 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	<u>51</u>	<u>2</u>	<u>3</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name George Cundiff

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

14. Maiden name Tilda Ann Hutz

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

16. (a) Informant's own signature Bettie Cundiff

(b) Address NewBloomfield, Mo.

17. (a) Burial (b) Date thereof 6 6 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect

18. (a) Signature of funeral director Raymond Holt

(b) Address NewBloomfield, Mo.

19. (a) June 5-41 (b) Emmer Ruth
 (If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Four miles S.W. NewBloomfield
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
 year 1941 hour 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him in bed on June - 4th
 and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes Duration _____
from application of Cancer
for past several years.

Due to _____
 Due to _____

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

Major findings: Of operations _____

Of autopsy No.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence June - 4 - 1941.

(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?
death from cancer.

While at work? _____ (Specify type of place)
 Means of injury _____

23. Signature W. W. Holman (M.D. or other) _____
 Address 8-E-82 61 - Fulton, Mo. signed _____

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.

55

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 Ray A. Holt

Licensed Embalmer No. 2605

P. O. Address Green Bloomfield Pa

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19713
Registrar's No. 1006

Registration District No. 109
Primary Registration District No. 5158

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Callaway City, Mo.
(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)

3. (a) PRINT FULL NAME James Henry Cundiff
(b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 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 _____ year

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

8. AGE: Years 51 Months 2 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 2
year 1984 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

(Immediate cause of death) Natural Causes Duration _____
from affliction of Cancer
for past several yrs.
Due to Internal - witnesses
testified - know nothing
Due to further

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

Major findings: Of operations no

Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Holman, Coroner (M. D. or other) _____

Address 8 E. 8th St. Fulton, Mo. Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

19713

0.12