

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29009

State File No. _____

Registrar's No. 81

Registration District No. 667

Primary Registration District No. 4388

78
1
2

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville, 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 75 years
years, months or days

3. (a) PRINT FULL NAME Charles Lee Cunningham

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M Color or race W

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

6. (b) Name of husband or wife Florence Cunningham

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 2, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Businessman & Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Franklin Aaron Cunningham

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

14. Maiden name Mary Esther Johnson

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

16. (a) Informant Lee Cunningham

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 8-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.

(b) Address Caruthersville, Mo.

19. (a) Aug. 19, 1941 (b) Oda Martin
(Date, signed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 702 Ward Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1941 hour 6 minute AM.

21. I hereby certify that I attended the deceased from Aug. 12 - 1941 to Aug. 17, 1941;
that I last saw him alive on Aug. 17 - 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Bronchopneumonia
Arteriosclerosis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

"Duration
5 days
1 day

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. R. Union (M. D. or other) _____
Address Caruthersville, Mo. Date signed 8-17-41

9-41-16

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. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Cantonsville, Ga

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, fact should be so stated above.