

Registration District No. **653**

Primary Registration District No. **4390**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Hayti**
(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 _____
In this community **all life**
years, months or days

3. (a) PRINT FULL NAME **James Andrew Cunningham**

3. (b) If veteran, name war. _____ 3. (c) Social Security No. **498-10-0482**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Sioley Cunningham** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Sept. 13 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	11	8	hr. _____ min.

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

10. Usual occupation **farming**

11. Industry or business _____

12. Name **O.B. Cunningham**

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

14. Maiden name **Mary Andrews**
15. Birthplace **Pemiscot Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **F. J. Cunningham**

(b) Address **Holcomb Mo.**

17. (a) **burial** (b) Date thereof **8/22/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hayti Mo.**

18. (a) Signature of funeral director **Ray Funeral Home**

(b) Address **Hayti Mo.**

19. (a) **8/22/41** (b) **Pearl Kelley**
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Hayti**
(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 **August** day **21**
year **1941** hour **1055** minute **55 a.** 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 **possibly heart trouble as history given by the wife.**

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? **Hayti Pemiscot Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on the O. Haley farm**

While at work **yes** (Specify type of place) (e) Months of injury _____

23. Signature **Guyato Achey**
Address **Hayti Mo.** Date signed **8/21/41**

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

76
21

9-41-28

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 comply with the above constitutes grounds for revocation of license.)

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