V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3375

State File No.

Registration District No. 774 Primary Registration District No. 4465 Registrar's No. 1081

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Flat River Tenn

(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 St Francois 97

(c) City or town Flat River 2

(If outside city or town limits write "RURAL")

(d) Street No. 0

(If rural, give location)

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

3. (a) PRINT FULL NAME PETER C. CUNNINGHAM

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased May (Month) 22 (Day) 1878 (Year)

8. AGE: Years 63 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation Miner

11. Industry or business

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

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

16. (a) Informant Mamie Cunningham

(b) Address Flat River Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1942 (Month) (Day) (Year)

(c) Place: burial or cremation K. of P. Cemetery

18. (a) Signature of funeral director Caldwell Bros

(b) Address Flat River Mo.

19. (a) 1/5/4 (Date received local registrar) (b) C B Farrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1 1942 Jan 1, 1941, to , 19 ; that I last saw him alive on Jan 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric hemorrhage	2 days
Due to Ulcers of stomach	4-5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Or operations 117 a'	
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)

(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 F. W. Duspan (M. D. or other) D.O.

Address Flat River Mo Date signed 1/3/42

(Licensed Embalmer's Statement on Reverse Side)

49 3-63-9696

RECEIVED
District Health Officer No. 4
District File Number 142-18
Date Filed 1-9-42

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.