No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17509

State File No. .....

Registration District No. 89 Primary Registration District No. 5131-5130 Registrar's No. 138

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

1. PLACE OF DEATH:
(a) County Butler neety twp
(b) City or town Neelyville - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles N.E. of Naylor 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12 0 0
(c) City or town 3 miles N.E. of Naylor.
(If outside city or town limits, write "RURAL")
(d) Street No. Neety twp
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME JESSIE THOMAS CUNNINGHAM

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Sarah A. Cunningham
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July (Month) 27 (Day) 1867 (Year)

8. AGE: Years 75 Months 3 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace White Co. (City, town, or county) Ark 1 (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
MOTHER FATHER
12. Name James Franklin Cunningham
13. Birthplace Dexter (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Martha Ann Simmons
15. Birthplace Nashville (City, town, or county) Tenn 1 (State or foreign country)
16. (a) Informant Walter Cunningham
(b) Address Harwell Mo. Rt 1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Fernie Cemy.
18. (a) Signature of funeral director Minnie Gish Funeral Service
(b) Address Naylor, Mo.
19. (a) 4-27-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1942 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 1, 1942, to April 26, 1942, that I last saw her alive on April 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death labor pneumonia relapse
Due to second attack
Due to
Other conditions orchitis 108
(Include pregnancy within 3 months of death)
as complication
Major findings: Of operations none
Of autopsy none

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 [signature] (M. D. or other) MD
Address Naylor Mo Date signed 4/26/42

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 5-42-657
Date Filed 5-20-42

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 D. C. McCord

Licensed Embalmer No. 4079

P. O. Address Taylor, Mo.

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.