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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26387

State File No.

FILED AUG 9 1943

Registrar's No. 119-78

Registration District No. 260

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada (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 0

3. (a) PRINT FULL NAME Roxie Cunningham

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 7 years (Month) (Day) (Year) Oct 7 1880

8. AGE: Years 62 Months 9 Days 19 If less than one day hr. min.

9. Birthplace McGoupin County Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Matron of Charities

12. Name James Cunningham

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

14. Maiden name Mary Lee

15. Birthplace McGoupin Co. Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant M W Coats

(b) Address R #2 Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Steph Cemetery - Vernon Co.

18. (a) Signature of funeral director Ways of Funeral Home

(b) Address 300 W. Cherry Nevada Mo.

19. (a) 7-28-43 (Date received local registrar) (b) Byzel B. Beureck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day July year 43 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Nov 3 1941 to July 26 1943 that I last saw her alive on July 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Descending colon.

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 462

Major findings: Of operations Inoperable Carcinoma
Of autopsy none

Duration Since 1941.

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) (c) Means of injury ---

23. Signature W. Love (M. D. or other) MD
Address Nevada, Mo Date signed July 28/43

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

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

7-43-821
8-7-43

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

Mack A. Braswell

Licensed Embalmer No.

2529

P. O. Address

Nevada

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.