

Registration District No. 169

Primary Registration District No. 4258

1. PLACE OF DEATH:

(a) County... **Knox**

(b) City or town... **Edina**
(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 **Edina** _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**

(c) City or town **Edina**
(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 _____

3. (a) PRINT FULL NAME **Will Cunningham**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Edna Myers** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 12 1873**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 70 | 0 | 29 | hr. _____ min. |

9. Birthplace **SandHill-Knox Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John H. Cunningham**

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

14. Maiden name **Mary Eanette Smith**

15. Birthplace **uk Ohio**
(City, town or county) (State or foreign country)

16. (a) Informant **Reed Sharp**

(b) Address **Edina, Missouri**

17. (a) **burial** (b) Date thereof **Aug-13-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greensburg, Missouri**

18. (a) Signature of funeral director **Keith Hudson**

(b) Address **Edina, Missouri**

19. (a) **Aug 13-43** (b) **Wills Northcutt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **11** year **1943** hour **12:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from **8-7 1943** to **8-11 1943** that I last saw him alive on **8-11 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism** Duration **70 min**

Due to **acute suppurative nephritis (Cerebral) 9 days**

Due to **Re. nephrotic kidney yrs?**

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

Major findings: Of operations _____

Of autopsy **none**

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) (a) Means of injury **from D.O.**

23. Signature **Judicial S. Schmidt** (M.-D. or other) **MD**

Address **Edina, Mo.** Date signed **8-12-43**

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

MOTHER FATHER

1142

RECEIVED

District Health Officer No. 10

District File Number 9-43-1557

~~Filed~~ **SEP 14 1943**

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 Keith Hudson
Licensed Embalmer No. 2413
P. O. Address Delina, 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.