

FILED DEC 13 1943

Registration District No. 707

Primary Registration District No. 5582

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage Rural - Jackson Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
County Farm  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Sarcoxié  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Isabelle Cunningham

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

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced 2 widowed  
6. (b) Name of husband or wife Dont know 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 22 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 4 If less than one day \_\_\_\_\_ br. \_\_\_\_\_ min.

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

10. Usual occupation housekeeper and nurse

11. Industry or business Private homes

MOTHER FATHER { 12. Name Dont know  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name dont know  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jim Allen (Friend)

(b) Address Sarcoxié, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxié Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxié, Missouri

19. (a) NO. 28 '43 (Date received local registrar) (b) Elizabeth Connelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26  
year 1943 hour 10 minute 00 P. A. M.

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

Immediate cause of death Myocardial degeneration  
Due to Senility  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) Years of injury 0  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Carthage Mo Date signed Nov 29 1943

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

48-11-998

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by ~~XXXXXX~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Roland Engelage.....

.....  
Licensed Embalmer No. General Director.....

P. O. Address Archie 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.**