

FILED APR 10 1944
Registration District No. 270

Primary Registration District No. 2050

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community All life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No. Ward Ave. s. g.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Franklin J. Cunningham, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8,
year 1944 hour 5 minute 30A. M.

21. I hereby certify that I attended the deceased from Jan 13
1944 to March 8 1944

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased December 15, 1867
(Month) (Day) (Year)

that I last saw him alive on March 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days

8. AGE: Years Months Days If less than one day

76 2 22 hr. min.

Due to _____

Due to _____

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

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Banker

11. Industry or business same as above

MOTHER FATHER { 12. Name Franklin Cunningham

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

14. Maiden name Hattie Curtner

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

16. (a) Informant Mrs. Edna Baker

(b) Address Caruthersville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 3-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo

(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? _____

18. (a) Signature of funeral director J. L. Large

(b) Address Caruthersville, Mo.

19. (a) 3-12-1944 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. L. Large (M. D. or other) _____

Address Caruthersville, Mo Date signed 3/10/44

12c6

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

3-44-74

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, fact should be so stated above.