

Registration District No. 107

Primary Registration District No. 5422

500

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Rural Dist. No. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Kennett Rural
(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..... U

3. (a) PRINT FULL NAME

Agnis Cunningham

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-20-44 to 10-24-44, 19.....
that I last saw her alive on 10-24-44 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harvey Cunningham 6. (c) Age of husband or wife if 44 years
7. Birth date of deceased March 27 1911
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration.....

8. AGE: Years 33 Months 7 Days 3 If less than one day
hr. min.

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

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

Other conditions (Include pregnancy within 3 months of death)
Major findings:

10. Usual occupation House Keeper

Of operations.....

11. Industry or business.....

Of autopsy.....

12. Name Arthur Robinson

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

14. Maiden name Emmie Quatefield

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

16. (a) Informant Harriet Cunningham

(b) Address Kennett Rural P.O.

17. (a) Burial (b) Date thereof 10-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marsh Cem.

18. (a) Signature of funeral director John M. Co

(b) Address Kennett Mo

19. (a) 11-6-44 (b) J. B. Cunningham
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0

23. Signature J. T. Dempsey (M. D. or other) MD
Address Kennett Mo Date signed 10-25-44

RECEIVED

District Health Office No. 2,

District File Number 1244-1588

Date Filed 12-7-44

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.