S. No. 2
—4-13-40
. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 17 1946

33980

State File No.

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 62

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

32807

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 years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Knox 52
(c) City or town Edina. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frederick 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 married
6. (b) Name of husband or wife Blanch Smith Cunningham
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Aug. (Month) 30 (Day) 1867 (Year)
8. AGE: Years 79 Months 0 Days 17 If less than one day hr. min.
9. Birthplace Fabius. (City, town, or county) Mo. (State or foreign country) 11
10. Usual occupation Farmer. Retired.
11. Industry or business
FATHER 12. Name Wilford Cunningham
13. Birthplace Amsterdam (City, town, or county) Ind. (State or foreign country) 1
MOTHER 14. Maiden name Virginia Funk
15. Birthplace uk. (City, town, or county) Ind. (State or foreign country) 1
16. (a) Informant Mrs Cunningham Husband
(b) Address Edina, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-18-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Linville, Edina, Mo.
18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.
19. (a) Sept-19-46 (Date received by local registrar) (b) Nella L. Hunsaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17. year 1946 hour 9. minute 3 P. M.
21. I hereby certify that I attended the deceased from July 1st, 1946, to Sept 17, 1946; that I last saw him alive on Sept 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	17 hrs
Causing Paralysis	
Due to Hypertention	12 Yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 837	

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? (Specify type of place) 0
While at work? (e) Means of injury 0
23. Signature J. S. Linnan (M. D. or other)
Address Edina Mo. Date signed 10/17/46

151

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 10-46-1
Date Filed OCT-14-1946

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. 2415

P. O. Address Edina Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.