

S. No. 2
4-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1947
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28768
Registrar's No. 280

Primary Registration District No. 3059

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Sanne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 417 Jackson St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Sanne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 417 Jackson
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSAN VERONICA 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 Married
6. (b) Name of husband or wife Ed. Cunningham 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Aug 11 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 3 hr. min.

9. Birthplace Ste Genevieve Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Frances Winstan
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sabre
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Cunningham
(b) Address 417 Jackson Sanne Terre MO
17. (a) Burial (b) Date thereof 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cemetery
18. (a) Signature of funeral director Benjamin Health
(b) Address 313 Benton Sanne Terre
19. (a) 8-21-47 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 14 1947
year 1947 hour 2 minute 10 A. M.
21. I hereby certify that I attended the deceased from August 1
1946 to Aug 14 1947
that I last saw h.c. alive on Aug 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) ✓
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) _____
Means of injury ✓ _____

23. Signature Charles S. Sutton (M. D. or other) _____
Address 11 Ellen St. Bonneterre Date signed Aug 17, 1947

Duration

1 year

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 847-109
Date Filed 8-25-47

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

Clarence J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Bonne Terre 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.