

No. 2  
12-45  
5-17-39  
1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32254

FILED OCT 8 1947

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 4461

Registrar's No. 333

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bismarck  
(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)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bismarck  
(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 Ralph Cunningham

(b) -If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1947 hour 9 minutes 30 M.

21. I hereby certify that I attended the deceased from Jan 1 - 1947 to Sept 29 - 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna Cunningham 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 21 1884  
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction

Due to over work.

Duration 6 hours

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9/26

Of autopsy \_\_\_\_\_

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

10. Usual occupation carpenter

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant Mrs. Edna Cunningham

(b) Address Bismarck Missouri

17. (a) burial (b) Date thereof 10-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Missouri

(d) Signature of funeral director White & Hill

(b) Address White & Hill Bismarck Missouri

19. (a) 10-1-47 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

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 C

23. Signature F. N. Gale (M. D. or other) \_\_\_\_\_  
Address Bismarck Mo Date signed 9/29/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED  
City Health Officer No. 4  
District File Number 1047-1274  
Date Filed 10-6-47

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**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 *Arvid J. White*  
Licensed Embalmer No. *3012*  
P. O. Address *Ironstone Hill*

**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.**