

FILED DEC 2 1947

Registration District No. 25

Primary Registration District No. 3011

Registrar's No. 242

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(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) 1

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll 17

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

(d) Street No. 201 W. Herdle
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME JOHN EDWARD CUNNINGHAM

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1947, to Nov. 15, 1947
that I last saw him alive on Nov. 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary arteriosclerosis
Due to: Thrombosis

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

Major findings:
Of operations.....

Of autopsy.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada May Cunningham 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 8, 1877
(Month) (Day) (Year)

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

70 4 7 ..br.min.

9. Birthplace Carrollton Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Patrolman

11. Industry or business State Highway Dept.

12. Name John Cunningham

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

14. Maiden name Katherine Wendell

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

16. (a) Informant Mrs. John Cunningham

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 11-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeWitt, Mo

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo

19. (a) 11/17/47 (b) Mr. Herbert Calms
(Date received local registrar) (Registrar's signature)

Duration 15 da.

PHYSICIAN
Underline the cause of 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)

While at work?..... (e) Means of transport.....

23. Signature R. Hamilton John M. Le
Address Carrollton, Mo Date signed 11/16/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-1-47

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.