

0. 2  
2-43  
7-39  
X35697

Registration District No. 1

Primary Registration District No. 5000

Registrar's No. 73

**1. PLACE OF DEATH:**

(a) County Adair  
(b) City or town Rural, Kirksville Benton twp  
(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 5 Months  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Adair  
(c) City or town Rural  
(If outside city or town limits, write "RURAL.")  
(d) Street No. R.F.D. #5  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME: LILLIE CUNNINGHAM**

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

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

6. (b) Name of husband or wife Charles Cunningham 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 4 1885  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 15 If less than one day \_\_\_\_\_ hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Henry L. Yowell

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

14. Maiden name Elizabeth Farmer

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

16. (a) Informant Lillie Cunningham

(b) Address R.F.D. #5 Kirksville, Mo.

17. (a) Burial (b) Date thereof 2-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ringo Point Cem.

18. (a) Signature of funeral director Doris Funeral Home

(b) Address Kirksville, Mo.

19. (a) 3-4-48 (b) Rate Lambert  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 20  
year 1948 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from February 1 1948 to February 20 1948  
that I last saw her alive on February 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of 1st portion of jejunum.  
Due to metastasis to other areas of intestine.  
Duration 1 year

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

Major findings: Of operations H&E  
Of autopsy \_\_\_\_\_

**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 \_\_\_\_\_

23. Signature Howard J. Cross (M. D. or other D.O.)  
Address Kirksville, Mo. Date signed 3-2-48

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

MAR 1 1964  
JUN 27 1964

APR 18 1949

RECEIVED  
District Health Officer No. 1  
District File Number 3-48-461  
Date Filed MAR 8 1948

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, ~~only~~.....

working under my personal supervision.

Registered Apprentice No.....

Signed *Clarence M. Billo*

Licensed Embalmer No. *9375*

P. O. Address *Kingsville, Me*

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.