S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9023

FILED MAR 25 1948

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 58

19
1
3

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 820 Prospect 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 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 820 Prospect St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country -------

3. (a) PRINT FULL NAME EDWARD A. CUNNINGHAM
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Jessie M. Cunningham
6. (c) Age of husband or wife if alive 763 years
7. Birth date of deceased January (Month) 14 (Day) 1878 (Year)

8. AGE: Years 70 Months 1 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Rochester (City, town, or county) Minnesota (State or foreign country) /
10. Usual occupation retired custodian
11. Industry or business Jasper County Courthouse
FATHER
12. Name Andrew E. Cunningham
13. Birthplace Rochester (City, town, or county) Minnesota (State or foreign country) /
MOTHER
14. Maiden name Eva Ann Robinson
15. Birthplace Trenton (City, town, or county) Wisconsin (State or foreign country) /
16. (a) Informant Dr. L. E. Cunningham
(b) Address 1915 S. Garrison, Carthage,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 3-10-1948 (Date received local registrar) (b) L. B. Clinton (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1948 hour 12 minute 10 p.M.

21. I hereby certify that I attended the deceased from May, 1947, to March 8, 1948
that I last saw him alive on March 8, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	1 wk
Due to Myocardial Degeneration	1 yr +
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury 0
23. Signature D. Russell Smith (M. D. or other) M.D.
Address Carthage, Mo. Date signed 3-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-137

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.