

FILED JUN 22 1948

Registration District No. **47**

Primary Registration District No. **5764**

Registrar's No. **187**

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

**1. PLACE OF DEATH:**  
 (a) County Callaway  
 (b) City or town Fulton Rural *Fulton*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R.F.D. # 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Maggie Vivion 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** Widowed  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** January 15, 1861  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	87	5	0	_____ hr. _____ min.

**9. Birthplace** Callaway County, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housekeeper

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

**12. Name** William H. Vivion  
**13. Birthplace** Callaway Co., Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Shaw  
**15. Birthplace** Boone Co., Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** J. Tom Cunningham  
**(b) Address** RFD 3, Fulton, Missouri

**17. (a) Burial** **(b) Date thereof** 6/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Hillcrest

**18. (a) Signature of funeral director** Glen Y. Maupin  
712 Court St, Fulton, Mo.  
**(b) Address** \_\_\_\_\_

**19. (a) 6-17-48** **(b) Joyce Morsinkhoff**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Callaway **14**  
 (c) City or town Rural Fulton **6**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. # 3 **0**  
(If rural, give location)  
 (e) Citizen of foreign country? No **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 15  
 year 1948 hour \_\_\_\_\_ minute 30 M.

**21. I hereby certify that I attended the deceased from** Apr 4 1948 to Deaths  
 that I last saw him alive on June 15 1948  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** S. Ventricular Tachycardia  
Pulmonary edema  
 Duration 3 hrs

**Due to** myocardial degeneration - ?  
**Due to** \_\_\_\_\_

**Other conditions** Arteriosclerosis  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy 93 D  
 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 & place) (Means of injury)  
**Signature** John J. Brown **(M. D. or other)** MD  
**Address** Fulton, Mo. **Date signed** 6/16/48

District File Number  
JUN 21 1948

District Health Officer No. 9,

RECEIVED

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.....

*Theodore Skinner, Jr.* Registered Apprentice No. *23*

working under my personal supervision.

Signed *Glen Y. Maupin*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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.