

FILED AUG 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23893

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

Registration District No. 241Primary Registration District No. 4433Registrar's No. 53

## 1. PLACE OF DEATH:

(a) County PUTNAM  
 (b) City or town UNIONVILLE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
MONROE HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 DAYS  
 (Specify whether years, months or days)  
 In this community 4 DAYS

3. (a) PRINT FULL NAME CORA MAE 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 WILLIAM CUNNINGHAM 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased DECEMBER 23 1872  
 (Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWORK11. Industry or business HOUSEHOLD12. Name E. W. BANNER13. Birthplace OHIO  
(City, town, or county) (State or foreign country)14. Maiden name ELIZA JANE WYRICK15. Birthplace OHIO  
(City, town, or county) (State or foreign country)16. (a) Informant Rellie Cunningham(b) Address Pollock, Mo.17. (a) BURIAL (b) Date thereof JULY 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation LEMONS CEMETERY18. (a) Signature of funeral director COMSTOCK FUNERAL HOME(b) Address UNIONVILLE, MO. BY J. W. Comstock19. (a) 8-7-48 (b) Marshall Durbin  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SULLIVAN  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. POLLOCK  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 20  
 year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 20  
1948 to July 20 1948  
 that I last saw her alive on July 20 1948  
 and that death occurred on the date and hour stated above  
 Immediate cause of death \_\_\_\_\_

Parvonaema (mutatoris) 1 year  
Due to insect bites from Parvonaema of night  
away

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy 49a

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) (c) Means of injury 223. Signature Phas L. Fudd (M. D. or other) DoAddress Pollock, Mo. Date signed 7/24/48

RECEIVED

District Health Officer No. 10

District File Number 8-42-142

Date Filed AUG 10 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, or by.....

Richard P Cassidy, Registered Apprentice No. 76  
working under my personal supervision.

Signed James W Comstock  
Licensed Embalmer No. 4197

P. O. Address Unionville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

-- If this body is not embalmed, fact should be so stated above.