

Registration District No. 322

Primary Registration District No. 4482

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 19
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis
(c) City or town Memphis
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Arminda Cunningham

3. (b) If veteran, name war

3. (c) Social Security No. 19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1948 hour 4 minute 1 M.

21. I hereby certify that I attended the deceased from April 1944 to July 18 1948
that I last saw her alive on July 18 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia Duration 2 days

Due to Multiple Sclerosis 4 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 107
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 E. E. Hill (M. D. or other) 1948
Address Memphis, Mo Date signed 7/24/48

4. Sex F

5. Color or race W

6. (a) Single, widowed, divorced, widow

6. (b) Name of husband or wife L. Cunningham

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 10 1864
(Month) (Day) (Year)

8. AGE: 83 Years 8 Months 8 Days
If less than one day _____ hr. _____ min.

9. Birthplace Knox Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Madison Linkenbelter

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

14. Maiden name Mary Haines

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

16. (a) Informant Mina Davis

(b) Address Salisade Colo

17. (a) Burial (b) Date thereof July 21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truett Cemetery

18. (a) Signature of funeral director W. H. Baker

(b) Address Memphis MO

19. (a) 8/7/48 (b) MBaker
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 948-16

Date Filed SEP 13 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Fred Ford

Licensed Embalmer No. 4256

P. O. Address Memphis

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.