

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED OCT 15 1948

Registration District No. 171

Primary Registration District No. 5639

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural- Washington Twns
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 mi. East of Odessa
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Yrs. (Specify whether years, months or days)

In this community 50 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James W. Cunningham

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna H. Cunningham 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William W. Cunningham

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

14. Maiden name Martina Lamford (City, town, or county) (State or foreign country)

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

16. (a) Informant Mildred Green

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Sept. 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director Husman-Sparks

(b) Address Odessa, Mo.

19. (a) Sept. 19, 1948 (b) L. E. Drummond
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Mi. East of Odessa
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1948 hour 9:30 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 5 1948 to Sept 17 1948; that I last saw him alive on Sept 17 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Virus Pneumoniae
diagnosed on basis
clinical course.

Due to _____

Due to _____

Other conditions Sunlight
(Include pregnancy within 3 months of death)

Major findings: Heartlypa - 3 months duration
Of operations _____
Of autopsy no 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) No

(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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature W. W. Martin (M. D. or other) _____

Address Odessa, Mo. Date signed 9/18/48

1948

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-14-48

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 William T. Sparks

Licensed Embalmer No. #4431

P. O. Address Odessa 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.