

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

✓ State File No. 3119

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 6

1. PLACE OF DEATH:

- (a) County Moniteau 13 19 2
(b) City or town California 3477
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community all his life

3. (a) PRINT FULL NAME James Alfred Cunningham 582

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Mar 17 1895
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John H Cunningham

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

14. Maiden name Martha Able

15. Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs James Cunningham

- (b) Address California Mo

17. (a) Burial (b) Date thereof 1/24/00
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Burke Cem

18. (a) Signature of funeral director William H. Fred Meyer

- (b) Address California Mo

19. (a) 1-24-1940 (b) H.R. Popejoy R.L.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Moniteau

- (c) City or town California Mo
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23d day Jan
year 1940 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 1-20
1940 to 1-22-1940

- that I last saw him alive on 1-22-1940
and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary Occlusion

- Cause unknown

- Due to _____

- Due to _____

- Other conditions _____

- (Include pregnancy within 3 months of death)

- Major findings: _____

- Of operations no

- Of autopsy no

- 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 H.R. Popejoy (M. D. or other)

- Address California Mo Date signed _____

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 _____

HE Friedmeyer

Licensed Embalmer No. _____

2854

P. O. Address _____

California M

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3119
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 371
(b) Township California Primary Registration District No. 4335- Registered No. _____
(c) City California (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. James Alfred Cunningham St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 5-

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE, 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-24-40 H. R. Popejoy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. R. Popejoy, M. D.

(Address) California

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