

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14469

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1319 E. 16th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Sophia Elizabeth Cunningham

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife J. C. Cunningham 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 19, 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace California Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Xavier Eckerle
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Martina Ross
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Momberg

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 5-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 5-2-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1319 E. 16th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1947 hour 11 minute 10 A.

21. I hereby certify that I attended the deceased from 11-17, 1942 to 4-30, 1947
that I last saw him alive on 4-28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, left. Duration 4 days

Due to Hypertension + arteriosclerosis

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

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

23. Signature J. M. Rodman (M. D. or other) MO
Address Sedalia Mo Date signed 5-1-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-7-47

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, ~~on~~ by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Sedalia, 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.