

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
In this community 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2100 East-36th Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Louise D. Bayliss Cunningham,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife C. C. Cunningham, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased September 19 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name William Bellams,

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

14. Maiden name Sarah, (Unknown)

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

16. (a) Informant John H. Bayliss,

(b) Address 3921 Warwick Blvd., K. C., Mo.

17. (a) Burial (b) Date thereof 8-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Pantheon

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 8-22-42 (b) M. M. Crover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1942 hour 12 minutes 55 A.M. M.

21. I hereby certify that I attended the deceased from 7-23-42, 1942, to 8-21-42, 1942;
that I last saw her alive on 8-21-42, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of femur, accidental fall
Senility

Due to 1860

Due to A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc.
(b) Date of occurrence 7-22-1942
(c) Where did injury occur? K. C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature Lucy R. Shore (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAIN IN SPREADING BLACK INK—MAKE AMBERMENT RECORD

Dr. Chas. Hyatt,

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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.