V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23653

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3060

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: 2959 Mersington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2959 Mersington
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry Cunningham

3. (b) If veteran, name war no

3. (c) Social Security No. 487-07-8130

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased February 14, 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Laborer-Production

11. Industry or business Lake City, Missouri

FATHER
12. Name Elmo Cunningham
13. Birthplace Waverly (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Liza Twigs
15. Birthplace Waverly (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Genevieve Cunningham
(b) Address 2959 Mersington

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation Waverly, Missouri

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 7-25-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1944 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from July 20, 1944 to July 21, 1944 that I last saw him alive on July 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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? (e) Means of injury

23. Signature [signature] (M. D. or other) M D

Address 2434 Vine Date signed 7/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.