

FILED JAN 26 1945

State File No.

128

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

Jackson
(a) County
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days
(Specify whether years, months or days)
In this community: 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route # 6. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: James Edward Cunningham

MEDICAL CERTIFICATION

3. (b) If veteran, name war: no
3. (c) Social Security No.: none

20. DATE OF DEATH: Month: Jan day: 10
year: 1945 hour: minute: M.
21. I hereby certify that I attended the deceased from Jan 5 1945 to Jan 10 1945.
What I last saw him alive on: and that death occurred on the date and hour stated above.

4. Sex: male (1) 5. Color or race: white
6. (a) Single, widowed, married: single
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: 1945 years
7. Birth date of deceased: January 5 1945
(Month) (Day) (Year)

Immediate cause of death: Bronchopneumonia
Due to: Pneumonia
Due to: Pneumonia
Other conditions: (Includes pregnancy within 3 months of death)
Major findings: Of operations: 159
Of autopsy:

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

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

10. Usual occupation: infant

11. Industry or business:

12. Name: Floyd Cunningham

13. Birthplace: Brandon Miss /
(City, town, or county) (State or foreign country)

14. Maiden name: Agnes Casey
(City, town, or county) (State or foreign country)

15. Birthplace: Kansas City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr Floyd Cunningham

(b) Address: Independence Missouri

17. (a) burial (b) Date thereof: Jan. 11, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St Mary's Cemetery

18. (a) Signature of funeral director: Duirk & Tobin Co.
(b) Address: 20 West Linwood

19. (a) 1-10-45 (b) D.E. Brown
(Date received local registrar) (Registrar's signature)

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: J.M. Sully (M. D. or other)
Address: 1624 Poplar Date signed:

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Chas. M. Zurb

Licensed Embalmer No. 3774

P. O. Address 20 W. Linwood

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.