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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30210

FILED OCT 14 1946
149

State File No. _____
Registrar's No. 4120

Registration District No. _____ Primary Registration District No. 1002

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Died enroute
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3220 East 29th Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna V. CUNNINGHAM
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 29
year 1946 hour 11⁰⁰ minute 0 M.
21. I hereby certify that I attended the deceased from Annou 19 to _____ 19;
that I last saw h. alive on _____ 19;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Michael Cunningham
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 23 1883
(Month) (Day) (Year)

Immediate cause of death _____
Crownay scleroma
Due to altus scleroma
Due to _____
Other conditions (include pregnancy within 3 months of death) 940

8. AGE: Years Months Days If less than one day
63 2 6 hr. _____ min.

Major findings: Of operations _____
Of autopsy Huntley & J. J. J. J.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home

MOTHER FATHER {
12. Name John Busby
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Fyke
15. Birthplace Germany (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mr. Wm. M. Cunningham
(b) Address 3220 E. 29th, K.C., Mo.
17. (a) Burial (b) Date thereof 10-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's
18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri

23. Signature [Signature] (M. Doctor) _____
Address 1924 [Address] Date signed 5-30-46

19. (a) 9-30-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

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.