

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **29711**
 Registrar's No. **3701**

Registration District No. 149 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:
General Hospital No. 1
(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 50 years

3: (a) PRINT FULL NAME Martha E. Cunningham
 3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Joseph R. Cunningham 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased August 4, 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Texas
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name Todd Hedrick
 13. Birthplace No Information
 14. Maiden name helen hedrick
 15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Cunningham
 (b) Address 1006 Harrison

17. (a) Burial (b) Date thereof 9-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918-20 Brooklyn, K.C. Mo.

19. (a) 9-10-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1008 Harrison
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 7
 year 1948 hour 11 minute 25 A.M.
 21. I hereby certify that I attended the deceased from Sept. 2, 1948, to Sept. 7, 1948
 that I last saw her alive on Sept. 7, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 97
 Of autopsy See above

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)
 (c) Means of injury _____
 23. Signature Wm W. Foster (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 9-8-48

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

MOTHER, FATHER

Dr. Andrews

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 *Joe B. Yoder*
Licensed Embalmer No. *4173*
P. O. Address *KC. 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.