

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1215

State File No. ....

FILED FEB 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 388

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  |
| c. LENGTH OF STAY (In this place) <u>5 yrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>914 Linwood Blvd. 3498</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>914 Linwood Blvd.</u>                               |  |   |  |

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Mary</u> b. (Middle) <u>H.</u> c. (Last) <u>Cunningham</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan. 19, 1952</u> |   |  |
| 5. SEX <u>female</u>  |  | 6. COLOR OR RACE <u>white</u>             |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> |  |
| 8. DATE OF BIRTH <u>Nov. 17, 1919</u>   |  | 9. AGE (In years last birthday) <u>32</u> |   | 10. IF UNDER 1 YEAR: Months _____ Days _____                          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>    |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |   | 11. BIRTHPLACE (State or foreign country) <u>Ohio</u>                 |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |   |   |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Unknown</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Francis Cunningham</u>                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis S. Cunningham K.C., Mo.</u> |  |

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION                                |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reaching Lab. Exam</u>  |  | DUPLICATE OF (b) <u>Alcohol + barbiturate poison</u> |  | _____                            |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | DUPLICATE OF (c) _____                               |  | _____                            |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.           |  | _____  |  | _____                            |  |

|                              |  |   |  |  |  |
|------------------------------|--|---|--|--|--|
| 19a. DATE OF OPERATION _____ |  | 19b. MAJOR FINDINGS OF OPERATION <u>123</u> |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
|------------------------------|--|---|--|--|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE ? (Specify)                            |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>           |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, Mo.</u> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 19, 52</u> m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>alcohol + barbiturate poison</u>                   |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |  |  |                                 |  |
|--|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <u>Geo. C. Kealhofer MD</u> (Degree or title) |  | 23b. ADDRESS <u>4050 Broadway K.C. Mo.</u> |  | 23c. DATE SIGNED <u>1-21-52</u> |  |
|--|--|--|--|---------------------------------|--|

|  |  |                          |  |  |  |
|--|--|--------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>                 |  | 24b. DATE <u>1/26/52</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |  |                          |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>1-25-52</u> |  | REGISTRAR'S SIGNATURE <u>Seraldine Helms</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp &amp; Sons 4139 Truman Rd. K.C., Mo.</u> |  |
|---|--|--|--|---|--|

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

STV 5

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *William H. Eays*

Licensed Embalmer No. *4728*

P. O. Address *N. C. 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.