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13-40
7-39
X23159

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1201

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NURSEING-HOME-1215 FARRON-ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community 11 YRS. (Specify whether years, months or days) 3

3. (a) PRINT FULL NAME BESSIE-MAY CUNNINGHAM

(b) If veteran, name war NO

3. (c) Social Security No. 24

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Samuel J. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 17 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Andrew Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business 1

12. Name Jim Fivebain?

13. Birthplace Wick, Ohio (City, town, or county) (State or foreign country)

14. Maiden name Wick

15. Birthplace Wick, W.V. (City, town, or county) (State or foreign country)

16. (a) Informant Shaghamman

(b) Address 572 Adams

17. (a) buried (b) Date thereof 11-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore mo

18. (a) Signature of funeral director Ray Stoney

(b) Address St Joseph Mo

19. (a) 11/16/40 (b) H. J. Keethbush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN

(c) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL")

(d) Street No. 2900 No 4th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 14 year 1940 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from Nov. 13 1940 to Nov. 14 1940; that I last saw her alive on Nov 14 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestion of the Kidneys and Lungs Duration 1 day

Due to Extreme cold and exposure

Other conditions ✓ (Include pregnancy within 3 months of death) 1270

Major findings: Of operations ✓ 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? 85

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature H. A. Robertson (M. D. or other) 1

Address 6210 1/2 King Hill Ave Date signed 11-15-40

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.....

Nov. 14, 1940

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John H. Shuler

Licensed Embalmer No. *4050*

P. O. Address.....

St Joseph 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.