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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1126
Registrar's No. 86

Registration District No. 399 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:
Steva Nursing Home-3241 Wabash Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year 5 Months
In this community 40 Years - 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Frank Chane Cunningham
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Hilda Cunningham 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased September 29 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 7 hr. min.

9. Birthplace Mattoon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Worker
11. Industry or business Sheet Metal

MOTHER FATHER { 12. Name William Chane Cunningham
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Fannie LaRounty
15. Birthplace Quebec Canada 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rent & Cunningham
(b) Address 4504 Wabash
17. (a) Burial (b) Date thereof 1-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Jan 7, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 40
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4504 Wabash Avenue
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1941 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 6-13, 1938 to 1-6- 1941
that I last saw him alive on 1-6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Shranig Endocarditis
Due to Shranig Nephritis
apoplexy
Due to atherosclerosis
Other conditions 131/10
(Include pregnancy within 3 months of death)

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? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Chas. P. Mawray (M. D. or other) _____
Address 923-24 Oggle Road Date signed 1/9/41

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

124
10-5
Virginia

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.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.