No. 2
1-4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17428

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2990

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: 405 W. 12th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 405 - 5th 12th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hugh R. Cunningham
3. (b) If veteran, name war World War.
3. (c) Social Security No. —
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, (married) divorced
6. (b) Name of husband or wife Mae
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Feb. 17 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	3	8	hr. min.

9. Birthplace Stultz (City, town, or county) U Mo. (State or foreign country)
10. Usual occupation Parking Sta. Attendant
11. Industry or business
FATHER 12. Name Wm Cunningham
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Stanton
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mae Cunningham
(b) Address 2501 Troost
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Bentley Mortuary
(b) Address K. C. Mo.
19. (a) May 28 1941 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1941 hour 7:45 minute pm. M.
21. I hereby certify that I attended the deceased from ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute coronary occlusion
Due to
Hx
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Arun W. Jeale (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Harry C Bergman

Licensed Embalmer No. 2041

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.