S. No. 2
M—5-42
v. 5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

Registration District No. 1409

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26367

Registrar's No. 3258

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: Missouri Pac R.R. Yards
(If not in hospital or institution, write street number or location) topping ave
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") Independence 3 8
(d) Street No. 1110 E. 6th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Jess L. Cunningham SR-
3. (b) If veteran, name war none
3. (c) Social Security No. 702-14-520
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel M. Cunningham
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 26 1889 (Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Hillsboro, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Switchman
11. Industry or business Mo. Pac. R.R.
12. Name Lizzie Cunningham
13. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Collier
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Ethel M. Cunningham
(b) Address 1110 E. 6th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.
18. (a) Signature of funeral director L. C. Carson
(b) Address Independence, Mo.
19. (a) 9-1-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 30 year 1942 hour 9:30 minute a. M.
21. I hereby certify that I attended the deceased from Coroner, 19..; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing amputation of both lower extremities. External hemorrhage.
Due to Railroad traumatism
Due to 169-6
Other conditions (Include pregnancy within 3 months of death) 30
Major findings:
Of operations
Of autopsy Inspection

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) accident
(b) Date of occurrence 8/30/42
(c) Where did injury occur? K.C. Mo. Jackson Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Missouri Pacific Yards (Specify type of place)
While at work? Means of injury Locomotive
23. Signature [illegible] (M. D. or other)
Address K.C. Mo. Date signed 8/30/42

(Licensed Embalmer's Statement on Reverse Side)

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

Can buy another 1000 lbs of Ice

AUG 2 2 1949

SEP 6 1949

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.....

Licensed Embalmer No. 2467

P. O. Address Mexico 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ARIZONA } ss.
County of PIMA }

State File No. 2636142
Local Registrar's No. 3258

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of September, 1949, before me appears Ethel M. Cunningham, who, upon her oath, states that the original record of ~~birth~~ death for Jess L. Cunningham, Sr. died August 30, 1942, in the State of Missouri, and which was filed at Kansas City on Sept. 1, 1942, should be corrected as follows:

Item No. 6 b should read Ethel M. Cunningham
Instead of Ethel N. Cunningham

Item No. 16 a should read Ethel M. Cunningham
Instead of Ethel L. Cunningham

Item No. should read Age of Ethel M. Cunningham 59 yrs at time of
Instead of death of Jess L. Cunningham, Sr.

Item No. should read Date of birth of Jess L. Cunningham, Sr April 26th
Instead of instead of April 24th.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ethel M Cunningham wife
Relationship.

827 E. Adams St. Tucson, Arizona
Present Address.

Subscribed and sworn to before me this 15th day of September, 1949.

My Commission expires Feby 10th 1951.

S. C. Roohach Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667