

Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:
Jackson
(a) County
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
408 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **408 Montgall**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: **MARY PIETTA CUNNINGHAM**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **12**
year **1942** hour **9** minute **35 P.M.**

4. Sex: **Fe.** **5. Color or race:** **White**
6. (a) Single, widowed, married, divorced, or widow: **Widow**
6. (b) Name of husband or wife: **Joseph**
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: **Feb. 10, 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from:
10/10 19**42**, to **11/12** 19**42**;
that I last saw him alive on **11/12** 19**42**;
and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **9** Days **2**
If less than one day
hr. min.

Immediate cause of death:
Chronic Valvular heart disease
Duration **6 yrs**

9. Birthplace: **Kansas**
(City, town, or county) (State or foreign country)

Due to **92.5**
Due to

10. Usual occupation: **Homemaker**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business: **None**

Major findings:
Of operations

12. Name: **Unknown**

13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Charles Price**

(b) Address: **419 S. Montgall**

17. (a) Removal: **Neosho, Mo.** (b) Date thereof **Nov. 14, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **C. H. Lackman & Son,**

(a) Signature of funeral director: **Kansas City, Mo.**

(b) Address: **11-14-42**

(a) 11-14-42 (b) **Dr. M. Crow** (Registrar's signature)

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?

(e) Meats of injury:

23. Signature: **R. Williams** (M. D. or other)

Address: **5400 So John Ave** **Date signed:** **11/13/42**

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

MOTHER FATHER

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 J. H. Blackman

Licensed Embalmer No. 3639

P. O. Address R. 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.