

FILED DEC 31 1942

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 4812

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:
2215 Olive Street
(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)

3. (a) PRINT FULL NAME Mrs. Sarah Louise Cunningham

3. (b) If veteran, name war No 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mr. Joseph Cunningham 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased September 26 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 27 If less than one day ----- hr. ----- min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name Unknown Elrod

13. Birthplace Unknown
(State or foreign country)

14. Maiden name Shirley Kelly

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

16. (a) Informant Mr. Lawrence Cunningham

(b) Address 2215 Olive Street

17. (a) Burial (b) Date thereof Dec. 26, 1942
(City or town) (State) (Year)

(c) Place: burial of Quindaro Cemetery
Kansas City, Kansas

18. (a) Signature of funeral director D. H. Newcomer, son

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec. 25, 1942 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 2215 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 9 minute 41 P.M.

21. I hereby certify that I attended the deceased from Dec 20, 1942 to Dec 23, 1942
that I last saw her alive on Dec 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to 83a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Edward G. Gault (M. D. or other) -----
Address 303 Spunkinville Date signed Dec 23 1942

Duration One day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Cum gratia

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..... *C. Hervey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address..... *KC 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.