

JAN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 321

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

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:  
15 East 30th Street /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 in this community 40 Years 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. 15 East 30th Street  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM J. CUNNINGHAM

3. (b) If veteran, name war No 3. (c) Social Security No. 493-12-777

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased October ?  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
app 65 hr. min.

9. Birthplace Martinsburgh West Virginia  
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Sunflower Ordnance Plant

12. Name Edward Cunningham

13. Birthplace W. Virginia  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Mullegan

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

16. (a) Informant Mrs. A. D. Nelson

(b) Address 5703 Euclid

17. (a) Burial St. Mary's Cemetery (b) Date thereof 1-22-1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Dink + Polina  
 (b) Address 20 West Linwood

19. (a) 1/22/43 (b) M. M. Crown  
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th  
 77 year 1943 hour 3: minute 20 A.M.

21. I hereby certify that I attended the deceased from  
 that I last saw h. Deputy Coroner to 19  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis with myocardial fibrosis  
 Due to 94a

Due to.....  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations.....  
 Of autopsy See Above

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) (Means of injury)  
 23. Signature A. E. Washer (M. D. or other) M.D.  
 Address 23rd ME Coy Date signed 1/20/43

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

**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..... *Charles M. Davis* .....  
Licensed Embalmer No..... *3724* .....  
P. O. Address.....

**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.**