

MAY 5 1943

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1847

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Crest Haven Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
In this community 45 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4216 Holly  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Nellie May Cunningham

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William P. Cunningham  
6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased July 4 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER { 12. Name Samuel Orville Kayman  
13. Birthplace No Record No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Selinger  
15. Birthplace No Record New York  
(City, town, or county) (State or foreign country)

16. (a) Informant William P. Cunningham

(b) Address 4216 Holly, K.C. Mo.

17. (a) Burial (b) Date thereof 4/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olcott Blvd.

19. (a) 4-19-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1943 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 4-14-43  
to 4-16-43  
that I last saw her alive on 4-16  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Myocarditis  
Duration 3 days

Due to 92ae  
Due to Arterial Sclerosis  
Duration 4 years

Other conditions Arterial Sclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: —  
Of operations: —  
Of autopsy: —  
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? —

While at work? (Specify type of place) (a) Means of Injury 0  
23. Signature J. W. Gravelle M.D. (M. D. or other)  
Address 3706 Broadway Kansas City, Mo. Date signed 4-17-43

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

Mr. J. W. Krauentz

3706 Broadway

We - 7910

2 P. M.

**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..... *Wm. J. Ward*.....

Licensed Embalmer No. 3991

P. O. Address 309 E 67th St  
NY 10022

**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.**