

STATE OF MISSOURI - DEPARTMENT OF HEALTH - PHYSICIANS should state exact statement of OCCUPATION is very important.

FILED FEB 10 1944

STANDARD CERTIFICATE OF DEATH

State File No. 1298

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 434

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 5815 Oak  
(d) Length of stay: In hospital or institution 35 years  
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 5815 Oak  
(e) If foreign born, how long in U. S. A. 11 years

3. (a) PRINT FULL NAME Lucille Cunningham Chinn

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. unkn years  
7. Birth date of deceased June 9 1877

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1944 hour 7:30 P.M. minute M.  
21. I hereby certify that I attended the deceased from 24, 1944 to 1-24-44, 1944 that I last saw her alive on 1-24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic  
Due to: Chronic Nephritis  
Other conditions: 131

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

8. AGE: Years 66 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Louisville Kentucky

10. Usual occupation Housewife

11. Industry or business

12. Name Joshua Penberton  
13. Birthplace Pennsylvania  
14. Maiden name Sarah Maria Irwin  
15. Birthplace Kentucky

16. (a) Informant's own signature Mrs J. F. White  
(b) Address 5815 Oak

17. (a) Removal (b) Date thereof 1-29-44  
(c) Place: burial or cremation Mount Hope - RCR

18. (a) Signature of funeral director Cade Bross  
(b) Address 1416 Minnesota

19. (a) Jan 26 1944 (b) J. F. Bross (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature P. D. Mahoney (M. D. or other)  
Address 804 Howard St Date signed 1-25-44

**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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City Kan

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**