

FILED JUL 19 1944
 Registration District No. 208

Primary Registration District No. 6225

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

1. PLACE OF DEATH:
 (a) County Memor
 (b) City or town Bural - Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp # 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 yrs 4 months
 (Specify whether years, months or days) Same

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Kansas City 108
 (If outside city or town limits, write "RURAL")
 (d) Street No. DK (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles H. Cunningham
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 14
 year 1944 hour 1 minute 35 P.
 21. I hereby certify that I attended the deceased from Nov 15
1938 to June 14 1944
 that I last saw him alive on June 14 1944
 and that death occurred on the date and hour stated above.

4. Sex Mal
 5. Color or race White
 6. (a) Single, widowed, married, divorced DK
 (b) Name of husband or wife ora Lee Cunningham
 (c) Age of husband or wife if alive DK years
 7. Birth date of deceased: July 25 1883
 (Month) (Day) (Year)

Immediate cause of death
Coronary Occlusion
 Due to retrocostal fracture
 Due to right hip
 Other conditions (Include pregnancy within 3 months of death) 186 a
 Major findings: 28
 Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
60 10 20 hr. min.

9. Birthplace Memor Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation oil field worker

11. Industry or business _____

12. Name Joseph Cunningham

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

14. Maiden name Estel DeCourcy

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

16. (a) Informant Hosp. Recd.

(b) Address Merida Mo

17. (a) Bural (b) Date thereof June 16 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital Cemetery

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

(b) Address Merida Mo

19. (a) 6-16-44 (b) Harzel B. Beach
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
186 a
28

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 108

(b) Date of occurrence May 25 1944

(c) Where did injury occur? at hospital ward
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? Patent (Specify type of place)
 (e) Means of injury Fall

23. Signature Wm. J. Greener (M. D. or other)

Address Merida Date signed 6/14/44

RECEIVED
District Health Officer No. 7,
District File Number 6-44-791
Date Filed 2-8-44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed L B Terry

Licensed Embalmer No. 1960

P. O. Address Nevada 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.