V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26780

Registration District No. FILED SEP 7 1944 Primary Registration District No. 1002 Registrar's No. 3446

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: General Hospital No.2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-11-44-8-17-44 (Specify whether
In this community 7 months
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. 1333 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sonny Cunningham

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race Negro

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 January (Month) 9 (Day) 1944 (Year)

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

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name John Cunningham
13. Birthplace (City, town, or county) Florida (State or foreign country)

MOTHER
14. Maiden name Shirley Bates
15. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No.2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address 1819 E. 15 KC Mo

19. (a) 8-22-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1944 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from August 11, 1944 to August 17, 1944
that I last saw him alive on August 17, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Miliary Tbc. acute	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 22a	
Major findings: Of operations	
Of autopsy Same as above	

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Gen. Hosp. #2 600 E. 22nd Date signed 8-21-44

(Licensed Embalmer's Statement on Reverse Side)

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 G. Flynn

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th St.

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.