

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22498

FILED JUL 2 1946

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp No 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs 1 mo, 23 days
(Specify whether in hospital or institution)

In this community 3 yrs 1 mo 23 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3944 Central St 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ALBERT-L-CUMMINGHAM

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1946 hour 8 minute 20 P M.

21. I hereby certify that I attended the deceased from
April 29 1943 to June 22 1946
that I last saw him alive on June 22 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 15 1870
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic

Due to Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) Senile Psychosis

Major findings: Of operations none

Of autopsy none

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>9</u>	<u>7</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation formerly Barber

11. Industry or business none

12. Name Joseph Cunningham

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

14. Maiden name Martha Johnson

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

16. (a) Informant Records State Hosp

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 6-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Center

18. (a) Signature of funeral director Jim J. House

(b) Address Nevada Mo

19. (a) 6-25-46 (b) Rathyn Yancey
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) No

(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 Paul L. Baron (M. D. or other) _____

Address State Hosp No 3 Date signed June 22

231

(Licensed Embalmer's Statement on Reverse Side)

Nevada Mo

1946

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

213

RECEIVED

District Health Officer No. 7,

5-16-645

6-29-46

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 Tracy

Licensed Embalmer No. 1760

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.