

FILED JAN 13 1947
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State File No. _____
 Registrar's No. 1448

Registration District No. _____ Primary Registration District No. 1000 _____

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 In this community 44 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3110 1/2 Olive St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah E. Cunningham
 3. (b) If veteran, name war no
 3. (c) Social Security No. no
 4. Sex Female
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Isaac
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased November 22 1876
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 15
 year 1946 hour 10 minute P M.
 21. I hereby certify that I attended the deceased from December 13, 1946 to December 15, 1946
 that I last saw her alive on December 15, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
 Duration 10 Yrs.

8. AGE: Years 70 Months 0 Days 23 If less than one day hr. min.

Contributory Cause: Diabetic Gangrene of lf. foot 2 mos.

9. Birthplace Lee County, Virginia
 (City, town, or county) (State or foreign country)

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation housewife home

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name J. J. Golding
 13. Birthplace Gettysburg, Va
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Isaac Cunningham
 (b) Address 3110 1/2 Olive St, St. Joseph, Mo
 17. (a) Burial (b) Date thereof 12-19-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery

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? _____

18. (a) Signature of funeral director Barry Funeral Home
 (b) Address St. Joseph, Mo.
 19. (a) 1-4-47 (b) K. L. Jenkins
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Owen W. Jenkins MO (M. D. or other)
 Address 405 Pacific Bldg, St. Joseph, Mo Date signed 1/20/47

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

38460

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..... *Victor Barry*

Licensed Embalmer No. *4212*

P. O. Address..... *St. Joseph 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.