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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34430

Registrar's No. 4254

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town KansasCity
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALTER G CUNNINGHAM
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
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 Dec 1 1870
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	10	5	hr. min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name James Cunningham
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Victoria Perkins
15. Birthplace Tenn
(City, town, or county) (State or foreign country)
16. (a) Informant Little Sisters of the Poor
(b) Address 5331 Highland
17. (a) Burial (b) Date thereof 10/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Laurie E Cobine
(b) Address 20 West Linwood
19. (a) 10-9-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day Oct
year 1947 hour 4:00 minute P M.
21. I hereby certify that I attended the deceased from Sept 18
1947, 19, to Oct 5 1947, 19;
that I last saw him alive on Oct 5 1947, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Thrombosis	6 Hours
Due to Hypertensive Heart Disease	
Due to Chronic Nephritis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 15
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature John T Skinner M.D. or other M.D.
Address 1402 Bryant Bldg Date signed 10/8/47

Jefferson City Printing Co.

(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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.