

S. No. 30
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12521
State File No. 1921
Registrar's No.

Registration District No. 149

Primary Registration District No. 1003

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
Specify whether 60 Years
In this community _____
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. 619 W. 13 St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JOHN WILLIAM CUNNINGHAM
3. (b) If veteran, No
3. (c) Social Security No. 486-01-6261

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Cunningham
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 7 18 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 109 Days 14
If less than one day hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business

MOTHER FATHER
12. Name William Cunningham
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Emma Watkins
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Cunningham
(b) Address 619 West 13th. Street

17. (a) Burial (b) Date thereof 5-5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 5-4-48 (b) Ethelaine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1948 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 23, 1948, to May 2, 1948, that I last saw him alive on May 2, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Arteriosclerosis encephatomalacia
Due to cerebral hemorrhage

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 830
Of autopsy: See 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?

While at work? (Specify type of place)
(c) Months of injury
23. Signature: [Signature] (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 5-3-48

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

8
3
8

Dr. Williams

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 *Jerry A. Minor*
Licensed Embalmer No. *4496*
P. O. Address *918 Brooklyn, K. C. 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.