

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16359

FILED MAY 22 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2053

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

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:
5405 Forest /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 72 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Nellie Cunningham Hayden

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Samuel R. Hayden

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

7. Birth date of deceased April 9th 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Auburndale Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Michael Cunningham

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

14. Maiden name Kate Margaret Gleason

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

16. (a) Informant Sam Hayden

(b) Address 5405 Forest Ave. Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 5-14-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 5405 Forest
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 29, 1945 to May 23, 1947; that I last saw her alive on 12-23-1947 and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma

Due to ca of uterus 3 years

Due to _____

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

Major findings: Of operations lip

Of autopsy _____

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) (b) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address 830 Maple St. S.E. Okla. City, Okla. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Unemployed
3-4-30 P.M. Kansas

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.