No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 31 1948
Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 26703
Registrar's No. 235

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 10707 E. 20th 4
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby girl Patricia Cunningham
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 3, 1948 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	2	hr. min.

9. Birthplace Independence, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business

FATHER
12. Name John R. Cunningham
13. Birthplace unknown, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rozena Lockney
15. Birthplace unknown, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Bowen
(b) Address 824 S. Pleasant, Indep. Mo.
17. (a) burial (b) Date thereof 8/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Md. Grove Cem. Indep. Mo.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 8-7-48 (b) [signature] 254
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1948 hour 7:22 minute A M.
21. I hereby certify that I attended the deceased from
19 , to 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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)
While at work Means of injury
23. Signature A. E. Upshaw (M. D. or other)
Address 2800 Main Date signed 8/5/48

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 Charles T. Taylor

Licensed Embalmer No. 4534

P. O. Address Indep 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.