

DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29710
Registrar's No. 3611

Registration District No. 149 Primary Registration District No. 1002

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:
Nettie A. Eddy Home, 300 Benton Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 mos (Specify whether years, months or days) 4

In this community 63 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte ⁹⁹⁹

(c) City or town Kansas City ⁵
(If outside city or town limits, write "RURAL")

(d) Street No. 906 N Washington Blvd. ²
(If rural, give location)

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

3. (a) PRINT FULL NAME Jennie W. 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 Widow

6. (b) Name of husband or wife T.O. Cunningham

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

7. Birth date of deceased 12-4-1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84	8	27	hr. min.
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9. Birthplace Muncie Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Lloyd Wilcoxon

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

14. Maiden name Rhoda Moore

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

16. (a) Informant O.L. Cunningham

(b) Address 906 N Washington Blvd. K.C.K.

17. (a) Removal (b) Date thereof 9-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park, K.C.K.

18. (a) Signature of funeral director Gibson & Son

(b) Address Kansas City, Kansas

19. (a) 9-4-48 (b) Mildred Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1
year 1948 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 9-1-48, 19____, to 9-1-48, 19____;
that I last saw her alive on 9-1-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acidosis due to diabetes mellitus Duration 8 hr.

Due to _____
Due to _____

Other conditions arteriosclerosis gen.;
arterioscl. encephalopathy

Major findings: Of operations None Of autopsy Not done

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) (e) Means of injury 0

23. Signature Robert B. Ellison (M. D. or other)
Address 500 Huron Blvd. Kansas City, Mo. Date signed 9-3-48

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

George M. Malley
.....
Licensed Embalmer No. *2498*

P. O. Address *Kansas City, Kansas*

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.