

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15821

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1980

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>4 YEARS</u>		48	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 WEST-38<sup>TH</sup> STREET</u>		d. STREET ADDRESS (If rural, give location) <u>705 WEST-38<sup>TH</sup> STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARLOTTA</u> b. (Middle) <u>WEST</u> c. (Last) <u>CUNNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-5-1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JULY-21-1867</u>		9. AGE (In years last birthday) <u>81 YEARS</u>		<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 HOUR <input type="checkbox"/> UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>PARIS, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Richard Frank West</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Vaughan</u>		14. NAME OF HUSBAND OR WIFE <u>DAVID WARREN CUNNING</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MISS CARLOTTA V. CUNNING</u>	
				ADDRESS <u>705 WEST-38<sup>TH</sup> ST. KANSAS CITY, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>447X</u>			INTERVAL BETWEEN DEATH AND REPORT <u>2</u> years
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION -----		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) -----		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----	

22. I hereby certify that I attended the deceased from 5/4, 1949, to 5/5, 1949, that I last saw the deceased alive on 2/5, 1949, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William B. Allen</u> (Degree or title) <u>Professional Bg</u>		23b. ADDRESS <u>Kan City Mo</u>		23c. DATE SIGNED <u>5/6/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt. moriah</u>	
				24d. LOCATION (City, town, or county) (State) <u>K-C-MO</u>	

DATE REC'D BY LOCAL REG. <u>5-6-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer Sons</u>	
				ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO</u>	

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Jess T. Deew*

Licensed Embalmer No. *4453*

P. O. Address *Kansas City*

**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.