

FILED SEP 16 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30355

State File No. _____
Registrar's No. 3715

| | | | | | | | |
|--|-------------------------------|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3715</u> | |
| 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) <u>Town Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>6 Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>4746 Roanoke Pky.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 4746 Roanoke Pky.</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1950</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) <u>W.</u> | | c. (Last) <u>CUNNINGHAM</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>April 9, 1882</u> | 9. AGE (In years last birthday) <u>68</u> | # UNDER 1 YEAR Months <u>1</u> Days <u>21</u> | # UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Clerk Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal Hotel</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Cunningham</u> | | 13b. MOTHER'S MAIDEN NAME <u>Annie Rowan</u> | | 14. NAME OF HUSBAND OR WIFE <u>Never Married</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>489-07-3056A</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Marie C. Cannon, 4746 Roanoke Pky. K.C.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | | | <u>5 months several years</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Nephrosclerosis</u> | | | | <u>420°</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) (Min.) | | 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 <u>May 5, 1949</u> , to <u>May 8, 1950</u> , that I last saw the deceased alive on <u>May 28, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Name or title) <u>Raymond R. Morton, M.D.</u> | | | | 23b. ADDRESS <u>1103 Grand Ave. K.C. Mo</u> | | 23c. DATE SIGNED <u>8-31-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-2-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Marys Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-1-50</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mellody-McGilley-Eylar, Kansas City, Mo.</u> | | | |

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

Dr. R. L. Marrow
Professional Bldg.
At 2 P. M. ONLY Thru.

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.....

James P. Mc Gilley Jr.

working under my personal supervision.

Student Embalmer No. 366

Signed James P. Mc Gilley Jr.
Student Embalmer

Signed

Licensed Embalmer No. 8999

P. O. Address

Notes: 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.