

REC'D NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34551

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 397
 (b) Township Law Primary Registration District No. 1002 Registered No. 3887
 (c) City K.C. Mo (d) Street No. General Hosp # 2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

256 Willie Mae Cushion
 (a) Residence, No. 1621 1/2 E 18th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20th 1919
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
19 9 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Irving Cushing
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo

MOTHER 15. MAIDEN NAME Cora Dyson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo

17. INFORMANT (ADDRESS) Irving Cushing
2021 1/2 E 18th K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 10-6-38

19. FUNERAL DIRECTOR (ADDRESS) Gravitt
1119 E 18th St.

20. FILED Oct 6 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-38

22. I HEREBY CERTIFY That I attended deceased from _____ 19____, to _____ 19____

I last saw deceased _____ 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Diabetes Acidosis
Acute Pulmonary Edema
 Date of onset 59

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) Furvell, M.D.

(Address) BEU

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Clifford J. Woods, Licensed Embalmer No. 3106

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clifford J. Woods
Licensed Embalmer No. 3106

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.)