

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7144

MAR 17 1941
Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 61

WRITE PLAINLY—USE 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:
218 N. Delaware
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 61 Years
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. _____ (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Caroline B. Cushwa

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
year 1941 hour 4 minute 55 A. M.

4. Sex Female

5. Color, or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John C. Cushwa

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

7. Birth date of deceased 12 6 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on 2-27- _____, 1941;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>28</u>	hr. _____ min.

Immediate cause of death Acute Cardiac Depletion Sudden

Due to Exhaustion from influenza 5

Due to _____

9. Birthplace Wellington Missouri 0
(City, town, or county) (State or foreign country)

Other conditions Diabetes Mellitus 5 year
(Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: no operation

Of operations _____

Of autopsy no autopsy

MOTHER FATHER {

12. Name Andrew M. Clay

13. Birthplace Paris Kentucky !
(City, town, or county) (State or foreign country)

14. Maiden name Caroline L. Chinn

15. Birthplace Leesburg Kentucky !
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Anna Belle Cushwa

(b) Address 218 N. Delaware

17. (a) Burial (b) Date thereof 3-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

3600 (Specify type of place)

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Henry W. Stahl

(b) Address 815 W. Maple Ave.

19. (a) March 1, 41 (b) J. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

23. Signature W. Allen (M. D. or other) D

Address Independence, Mo Date signed 2-28-41

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

....., Registered Apprentice No.

..... working under my personal supervision.

Signed.....

Licensed Embalmer No. *3181*

P. O. Address *Independence 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.