S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39631

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4697

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Hrs. (Specify whether years, months or days)
In this community 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2425 College (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Carl Cushwa
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Cushwa
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan. (Month) 22 (Day) 1856 (Year)

8. AGE: Years 86 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Maryland (City, town, or county) (State or foreign country)
10. Usual occupation Retired Conductor (Wabash)
11. Industry or business
MOTHER FATHER
12. Name No record
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Ionia Nick
(b) Address 562 Stonewall Court
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 16 42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn, K.C., Mo.
19. (a) 12-16-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1942 hour 6 minute 06 P.M.
21. I hereby certify that I attended the deceased from 12-14-42, 19..., to 12-14-42, 19...; that I last saw him alive on 12-14-42, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Hypertrophy and dilatation of heart
Due to Congenital absence of left kidney; Hydroureter; Hypertrophied prostate
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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? (Specify type of place)
While at work (e) Means of injury

23. Signature Jerry R. Thomas (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address [illegible]

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.