

FILED SEP 28 1943

Primary Registration District No. **1002**

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

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:
6402 East 23rd Street Terrace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

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. 6402 East 23rd Street Terrace
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Stephen Perry Cuzick

3. (b) If veteran, name war not **3. (c) Social Security** No. none

4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** 2 divorced Widowed
6. (b) Name of husband or wife Mrs. Hannah Cuzick **6. (c) Age of husband or wife if** 4 1850
(Month) (Day) (Year)

7. Birth date of deceased August 4 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>1</u>	<u>8</u>	<u>hrs min.</u>

9. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

12. Name James Cuzick

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Febai Ann Bumpell

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Humphreys

(b) Address 6402 E. 23rd St. Terr. 1

17. (a) Burial **(b) Date thereof** 9-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-14-43 **(b)** J. E. Brown, Sec.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12th
year 1943 hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept 8 1943 to Sept 17 1943
that I last saw Sept 9 alive on Sept 17
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation

Due to 92%

Other conditions Paralysis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
Means of injury _____

23. Signature J. E. Brown (M. D. or other)
Address 1705 E 17 St Date signed Sept 13 1943

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Wm. S. H. Newcomer
1705 East 12th Street

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 W. S. H. Newcomer Jr
Licensed Embalmer No. 4043
P. O. Address W. S. H.

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.