

6008

S. No. 2
FORM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **538**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town Kansas City
(c) Name of hospital or institution: 2041 E. 48th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2041 E. 48th Terrace
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Eliza D. Cullison
(b) If veteran, name war XX
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2nd
year 1944 hour 10:00 minute A. M.

4. Sex Fe 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rev. S.P. Cullison
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased February 5 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-14-43
to 2-2-44
that I last saw her alive on 2-1-44
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 11 Days 27
If less than one day hr. min.

Immediate cause of death Cerebral haemorrhage
Duration 38 hours

9. Birthplace Bloomington Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Due to General arteriosclerosis +
Due to _____
Other conditions Chr. valvular disease +
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name No Record
13. Birthplace No Record (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 92d
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Olive V. Hale
(b) Address 2041 E. 48th Terrace
17. (a) Removal (b) Date thereof 2-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kansas
18. (a) Signature of funeral director J.M. Wagner
(b) Address Kansas City, Mo.
19. (a) 2-2-44 (b) H.E. Brown
(Date received local registrar) (Registrar's signature)

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?
While at work: _____ (Specify type of place) (e) Means of injury 0
23. Signature Ford J. Lowrey (M. D. or other)
Address 1095 Grand Ave. N.E. Mo. Date signed 2-2-44

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

626 - *Starting By*
V1 - 0984

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 Cecil R. Mathes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Miss

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.