

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1299
Registrar's No. 5450

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)
In this community 40 years

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. 21 West 66th Terr
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1945 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from 1945 to 1945,
that I last saw him alive on 12-30-45 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia
Due to Fractured left hip

Other conditions 1860-18
(Include pregnancy within 3 months of death)

Major findings:
Of operations History of operation
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 12-12-45
(c) Where did injury occur? 21 West 66th Terr. 100. Jackson, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home about home
(Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature Jane Walker (M. D. or other)
Address 1424 1/2 W. 110th Date signed 12-30-45

3. (a) PRINT FULL NAME THOMAS J. CUSACK

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Cusack 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 28 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 2 hr. min.

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

10. Usual occupation Retired--Railroad Auditor

11. Industry or business K. C. Southern

12. Name Michael Edward Cusack

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

14. Maiden name Johanna Sheehan

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

16. (a) Informant Mrs. Herbert Laughlin

(b) Address 21 West 66th

17. (a) Removal (b) Date thereof 1/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison Kansas

18. (a) Signature of funeral director Dwight W. Cohen Co.

(b) Address 20 West Linwood-K. C. Mo.

19. (a) 12-31-45 (b) Thereldine Holman
(Date received local registrar) (Registrar's signature)

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

100200

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 Charles M Quirk
Licensed Embalmer No. 3774
P. O. Address H. @ 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.