

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2103

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nancy Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hr. 25 min
(Specify whether)

In this community 3 hr. 25 min
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cleburne 25

(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME David Alva Cuckshank

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 03
year 46 hour 12:55 AM minute 12:55 AM

21. I hereby certify that I attended the deceased from 9:30 PM
1-2- 1946 to 1-3- 1946

that I last saw him alive on 1-3- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan (Month) 2 (Day) 1946 (Year)

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day

0 0 0 3 hr. 25 min.

9. Birthplace St. Joseph (City, town, or county) Mo (State or foreign country)

10. Usual occupation Infant

MOTHER FATHER

11. Industry or business _____

12. Name Ernest Cuckshank

13. Birthplace Serbert (City, town, or county) Colo-1 (State or foreign country)

14. Maiden name Tuyola Calry

15. Birthplace 1/2 log (City, town, or county) Gava (State or foreign country)

16. (a) Informant Ernest Cuckshank

(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Cameron

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) Jan 4-46 (Date received local registrar) (b) H. J. Mitchell (Registrar's signature)

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? _____

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

23. Signature P. C. Brown (M. D. or other) MO.

Address Cameron, Mo. Date signed 1-3-46

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

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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 ^{not}.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Beecher*
Licensed Embalmer No. *3969*
P. O. Address *Wesport, MD*

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.