

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

34794
Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 39C
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1621 1/2 East 18th Street Registered No. 4130
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jimmie Cushion
 (a) Residence, No. 1621 East 18th Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE colored
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sanford Cushion
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1915
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 10 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texarkana Arkansas

13. NAME James B. Loringood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texarkana Arkansas

15. MAIDEN NAME Leona Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texarkana Texas

17. INFORMANT (ADDRESS) James B. Loringood 1810 Highland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 10-24-38

19. FUNERAL DIRECTOR (ADDRESS) B. B. Moore 1820 East 18th St.

20. FILED 10-24-1938 M. M. Crowe, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938 to Oct 21, 1938
 I last saw him alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 4 A. M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Oct 14
1860
10

Other contributory causes of importance:
Traumatic inflammation of spleen (see death steps) Oct 17 at home

Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Acc Date of injury 10/17, 1938
 Where did injury occur? Kc. Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Acc fall down steps
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) D. M. Miller M. D.
 (Address) 1605 E. 18th Kc. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, H. B. Moore....., Licensed Embalmer No. 2410

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed H. B. Moore

Licensed Embalmer No. 2410

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.)