

JUL 15 1940
399
Registration District No.

Primary Registration District No.

1002

Registrar's No.

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:
3712 Bellaire
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community About 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3712 Bellaire
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Robert Cushenberry

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Bertie Cushenberry 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased (Month) 2 (Day) 14 (Year) 1872

8. AGE: Years 68 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Clay Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Unemployed-ill number of years

12. Name James Cushenberry

18. Birthplace unk. (City, town, or county) (State or foreign country)

14. Maiden name Phyllis

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

16. (a) Informant Bertie Cushenberry

(b) Address 3712 Bellaire

17. (a) Burial (b) Date thereof 6 24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge K.C. Mo.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 72th K.C. Mo.

19. (a) June 24, 1940 (Date received local Registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1940 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6/5 1940 to 6/18 1940

that I last saw him alive on 6/18 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis and prostatic hypertrophy Duration

Due to Chronic nephritis and prostatic hypertrophy

Due to arteriosclerosis

Other conditions 131 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) Manner of injury _____

(23) Signature A. H. Byrd (M. D. or other) 19/20/40
Address 19th Independence Date signed

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

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

Edwin J. Evans

Licensed Embalmer No. *3836*

P. O. Address *1819 3rd St N P 2*

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, above space should be left blank.