

FILED APR 14 1947
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Registration District No.

Primary Registration District No. 1000

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:
State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years 8 months
(Specify whether
In this community 7 years 8 months
years, months or days)

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. 3011 E. 10th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John J. Cushing

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive * years

7. Birth date of deceased 12-4-1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 28 ..hr. ..min.

9. Birthplace unknown Pennsylvania
(City, town, or county) (State or ~~country~~)

10. Usual occupation Common Laborer

11. Industry or business Common Labor

12. Name Michael Cushing

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

14. Maiden name Margaret Sawyer

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

16. (a) Informant Mrs. O. J. Lynch

(b) Address 3011 E. 10th, K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 3, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Chapman, Kansas

18. (a) Signature of funeral director Herman W. Sidenfeder

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 4-7-47 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
year 1947 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from 2-20-47, 1947
to 4-2-47, 1947
that I last saw him alive on 4-2-47, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 years

Due to Arterio-sclerosis 20 years

Due to alcoholism 40 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/3/47

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) Means of injury.....

23. Signature Forrest Thomas (M. D. or other) Address State Hospital No. 2 Date signed 4-2-47

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

MOTHER-FATHER

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.....

James W. By Clanshan

Registered Apprentice No. *486*

working under my personal supervision.

Signed.....

Elmer Thomas

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.