. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1947

Registration District No. 1979

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24142

Registrar's No. 2974

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2924 East 29th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME EDWARD A. CUSACK

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Ma 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife xx unknown

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

7. Birth date of deceased April (Month) 20 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	23	hr. min.

9. Birthplace Buffalo (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Deputy Tax Collector

11. Industry or business Mo. Sales Tax

FATHER
12. Name Martin Cusack
13. Birthplace Buffalo (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Alice Ryan
15. Birthplace County Claire (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Joseph F. Cusack
(b) Address 4206 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 7-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1947 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from July 1st 47 to July 13th 1947 that I last saw him alive on July 13th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure from pressure - Cerebral Centers

Due to

Due to Cerebral Hemorrhage
Arteriosclerosis - Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 83a

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Bert C. Rooney (M. D. or other)

Address 914 Rialto Bld. Date signed

(Licensed Embalmer's Statement on Reverse Side)

VI-4929

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 Alvin R. Hannachild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.