

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Odessa
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Weeks (Specify whether 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. 1918 East 31 st Street,
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Louis Samuel Cushard
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Josephine P. Cushard 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased August 13, 1882
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 1 year 1948 hour 7 minute 00 pm
 21. I hereby certify that I attended the deceased from Oct 21 1948 to Nov 1 1948; that I last saw him alive on Nov 1 1948; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage Duration 7 Days
 Due to _____
 Due to _____

9. Birthplace South Park, Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

Other conditions Arteriosclerosis (Sen) hypert
 (Include pregnancy within 3 months of death)

11. Industry or business
 12. Name William Cushard
 13. Birthplace Not Known
 (City, town, or county) (State or foreign country)
 14. Maiden name Virginia Fr. Hutchins
 (City, town, or county) (State or foreign country)
 15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

Major findings: 836
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sylvia Ferguson
 (b) Address Odessa, Mo.
 17. (a) Burial (b) Date thereof Nov. 3, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Odessa, Mo. Cemetery
 18. (a) Signature of funeral director Husman-Sparks
 (b) Address Odessa, Mo.
 19. Nov 2 1948 (b) Lella Drummond
 (Date received local registrar) (Registrar's signature)

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 2
 23. Signature E. F. Shumley (M. D. or other) DO
 Address Odessa, Mo Date signed 11/2/48

RECEIVED
District Health Officer No. 3,
District File Number
11-12-48

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 *Irving F. Husman*
Licensed Embalmer No. *7541*
P. O. Address *Olson 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.