MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38330
Do not use this space.

1. PLACE OF DEATH — DEC 14 1938

(a) County Jackson 2 — Registration District No. 399
(b) Township Kaw 1 — Primary Registration District No. 1002 — Registered No. 4564
(c) City Leeds, Mo. — (d) Street No. 3541 Beacon St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Marko Tuss
(a) Residence, No. 3541 Beacon. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Tuss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 7, 1875

7. AGE: 63 YEARS — MONTHS — DAYS: 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: Stone-mason
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): Austria ?

FATHER
13. NAME: Marko Tuss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria ?

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria ?

17. INFORMANT (ADDRESS): Mrs., Josephine Tuss, 3541 Beacon, Leeds, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Mary's DATE: 11-23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mrs. C. L. Forster, 918 Brooklyn

20. FILED: Nov. 23, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938, to Nov. 22, 1938
I last saw him alive on Nov. 22, 1938. Death is said to have occurred on the date stated above, at 4:45 A.
The principal cause of death and related causes of importance were as follows:
Mitral Stenosis
92°
Date of onset
Other contributory causes of importance:
arterial Sclerosis
Name of operation: none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) J. Henry George, M. D.
(Address) 2418 Cleveland, Mo.

Licensed Embalmer's Statement on Reverse Side)

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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.