

REC'D JUL 18 1939

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

22894

Do not use this space.

1. PLACE OF DEATH

(a) County Pemphig Registration District No. 1095
(b) Township Littlefield Primary Registration District No. 588 Registered No. _____
(c) City Wardell, Mo. (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

242 Margie Marie McCluskey
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
4 mos. - - - - -

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. _____
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) Nettleton, Arkansas

FATHER 13. NAME Robert Raymond McCluskey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Co., Arkansas - Batesville

MOTHER 15. MAIDEN NAME Ruby Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stamman, Arkansas

17. INFORMANT (ADDRESS) Sisa Ann McCluskey, Wardell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell, Mo. DATE 6-23-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Wardell, Mo.

20. FILED July 3, 1939 J. J. Casey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-39

22. I HEREBY CERTIFY, That I attended deceased from on 6-17-39, 19____

I last saw h. 27 alive on 6-17-39, 19____ Death is said

to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Pemphigus

Date of onset
6-11-39

Other contributory causes of importance:

infection colitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ 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? _____

If so, specify _____

(Signed) R. A. Bussberger M. D.

59 (Address) Wardell, Mo.

RECEIVED

District Health Officer No. 3,

District File Number 739-384

Date Filed 7/7/39

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.