

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38456

Registration District No. 181

Primary Registration District No. 5251

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Billings, Mo.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 92 years. (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Billings, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 72 years.

3. (a) PRINT FULL NAME Mary Riner Kuschel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife August Kuschel (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Germany Foreign
(City, town or county) (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Kessler 6
13. Birthplace Germany 6
(City, town or county) (State or foreign country)
14. Maiden name Eva Margies
15. Birthplace Germany
(City, town or county) (State or foreign country)

16. (a) Informant Nathaniel Riner
(b) Address Billings, Mo.

17. (a) Burial (b) Date thereof Nov 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Cemetery

18. (a) Signature of funeral director W. Wallace Fernald
(b) Address Billings, Missouri

19. (a) Dec 2 1940 (b) Mrs. Louise Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 Monday, year 1940 hour 4:25 minute A.M.

21. I hereby certify that I attended the deceased from Nov 16, 1940, to Nov 17, 1940; that I last saw her alive on Nov 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Senility

Due to J.D.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 Charles Spears (M. D. or other) M.D.
Address Billings, Mo. Date signed 11-18-40

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

RECEIVED

District Health Officer No. 6.

District File Number 1140-2923

Date Filed DEC 4 1940

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

Anders Forbis

Licensed Embalmer No.

3649

P. O. Address

Billings, 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, above space should be left blank.