

14  
1  
2

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

1. PLACE OF DEATH:

(a) County Calloway  
(b) City or town Sullivan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital no. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr, 9 mo, 29 da  
(Specify whether years, months or days)  
In this community 1 yr, 9 mo, 29 da

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Achuyler  
(c) City or town Jessie City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Clara McCuskey

3. (b) If veteran, name war \_\_\_\_\_

DKC

3. (c) Social Security No. DKC

4. Sex Female

5. Color or race white

6. (a) Single, widowed, ~~married~~, divorced

6. (b) Name of husband or wife William McCuskey

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

7. Birth date of deceased \_\_\_\_\_

Oct.

30

1874

8. AGE:

Years '68

Months 9

Days 1

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

mo  
(City, town, or county)

0  
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name Wendell Deierling

13. Birthplace \_\_\_\_\_

Germany  
(State or foreign country)

14. Maiden name Katherine Snowberger

15. Birthplace Achuyler

mo  
(State or foreign country)

16. (a) Informant Illie Fresh

(b) Address Jessie City mo

17. (a) Burial

(b) Date thereof 9 9 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryantfield Mo

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Clarinda, Mo

19. (a) Aug 2-1943

(b) Jessie Moundhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1943 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 28 to Aug 1 1943  
that I last saw her alive on Aug 1 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Due to Generalized arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 James Thomas (M. D. or other)

Address Judson mo Date signed 8/11/43

State form no 1

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**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.....

*Louis E. Hopper*

Licensed Embalmer No.....

*9261*

P. O. Address.....

*Clarence, 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.**