

FILED FEB 3 1944  
Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
801 East 1st St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution.....  
(Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 801 East 1st St.  
(If rural, give location)

(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Pearl M. Tussey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr Henry Tussey

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. 7 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 hr. min.

9. Birthplace Lakevill Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Winfield Clark

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Myers

15. Birthplace Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Della Bales

(b) Address Parkvill Mo.

17. (a) Burial (b) Date thereof Jan 8-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill cck

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City Mo

19. (a) Jan 9 1944 (b) J. B. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1944 hour 9 minute 49 M.

21. I hereby certify that attended the deceased from Republic Corner that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
hyper trophy of heart

Due to.....

Due to.....

Other conditions 95E  
(include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy See Above

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? A. E. Fisher (Specify type of case) (a) Means of injury.....

23. Signature A. E. Fisher (M. D. or other) M.D.  
Address 23 N. 1st St Date signed 1/10/44

**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 *Park G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address *K. C. 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.**