No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10113

FILED MAR 18 1949

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 1084

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 days (Specify whether
In this community 15 YEARS Quak.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 2
(c) City or town Kansas City 6
(If outside city or town limits, write "RURAL") 7
(d) Street No. 4220 Wayne
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Catherine Schuster
3. (b) If veteran, name war No
3. (c) Social Security No. 497-14-3500 None

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ MR. LEO V. SCHUSTER, SR.
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased JANUARY (Month) 13 (Day) 1917 (Year)

8. AGE: Years 27 | Months 1 | Days ~~25~~ 24 | If less than one day ____ hr. ____ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business --- M-American
12. Name FRED E. RUSK (FATHER)
13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)
14. Maiden name CLARA SCHWICKRATH (MOTHER)
15. Birthplace BUNCETON (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR. LEO V. SCHUSTER, SR.
(b) Address 4220 WAYNE AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-11-44 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ST. ANDREW TIPTON, MISSOURI
18. (a) Signature of funeral director W. Newcomer Sons
(b) Address 1401-BRUSH CREEK BLVD.
19. (a) 3-8-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1944 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 4, 1944 to March 7, 1944 that I last saw her alive on March 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Meningococci meningitis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 6
Major findings: Of operations
Of autopsy See above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. E. Usher Med. Dir. M.D. (Title or other)
Address 22 McCoy Date signed 3-7-44

(Licensed Embalmer's Statement on Reverse Side)

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: H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.