

FILED MAY 1 1944 49
Registration District No. _____

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 City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 hours**
In this community **14 hours** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **Slater, Mo. 232 W. Emma**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Earl Joseph Cusic**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hallie** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **July 2, 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	9	12	hr. min.

9. Birthplace **Pa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**
Industry or business **Railroad**

11. Name **John Cusic**
Birthplace **Unknown**
(City, town, or county) (State or foreign country)

12. Maiden name **Mary Belle**
Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marie Cusic**
(b) Address **Slater, Mo.**

17. (a) **Removal** (b) Date thereof **Apr. 14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slater, Mo.**

18. (a) Signature of funeral director **John P. Shell**
(b) Address **K.C. Mo.**

19. (a) **4-14-44** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14** day **Apr.**
Year **1944** hour **7:40** minute **01** M.

21. I hereby certify that I attended the deceased from **Apr 17**
19**44**
that I last saw him alive on **Apr 13-44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral embolism**

Due to _____
Due to _____

Other conditions **835**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **none**

Duration _____
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 **Nutter** (M. D. or other) _____
Address **1132 Prof Bldg** Date signed **4/14/44**

SEP 5 1944

AUG 20 1945

MAY 17 1944

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

John P. Sherl

Licensed Embalmer No.

3625

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, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

13622/4x

State of Missouri
County of Jackson } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1648

On this Second day of March, 1956, before me appears _____

Neva A. Minshall, who, upon her oath, states that the original record of ~~her~~ death for Earl Joseph Cusic died ~~born~~ April 14, 1944, 19____, in the State of Missouri, and which was filed at ~~Jefferson City~~ Kansas City, Missouri on Apr. 14, 1944, should be corrected as follows:

Item No. 6B should read Hallie
Instead of Harrie

Item No. 16A should read Mrs. Hallie Cusic
Instead of Mrs. Harrie Cusic

Item No. _____ should read As verified by Research
Instead of hospital records.

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Neva A. Minshall Registrar Relationship.

10th Floor City Hall Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 2nd day of March, 1956.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

- 1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
- 2. An item already amended once by affidavit cannot be amended again by affidavit.
- 3. A surname is changed by court order or by adoption or legitimation procedures.

