No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 4 1948
Registration District No. 19

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5508

State File No. 916
Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Rural Deepwater Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Mi. N of Montrose (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: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 3 Mi N of Montrose (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Schussler
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband ~~or wife~~: Henry Schussler
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 1 (Month) 26 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	28	hr. min.

9. Birthplace: Montrose (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Joseph Cook
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Ed Schussler
(b) Address: Montrose Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Germantown Cem
18. (a) Signature of funeral director: Sickman & Dunning
(b) Address: Clinton Mo
19. (a) 1-27-48 (Date received local registrar) (b) R R Kemsley (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 24 year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 1, 1944, to Jan 23, 1948, that I last saw her alive on Jan 23, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	4 yrs
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: W. E. Boggerly (M. D. or other) MD
Address: Montrose Mo Date signed 1-25-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-10
Date Filed 2-3-48

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 J R Housey
Licensed Embalmer No. 3682
P. O. Address Calhoun, 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.