

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12-12693
1490
Registrar's No.

Registration District No. 149

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1206 EAST 27TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 3 MONTHS (years, months or days)

3. (a) PRINT FULL NAME Mrs. Alice Josephine Kusy

3. (b) If veteran, name war No
3. (c) Social Security No. 514-12-9681

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. FRANK KUSY
6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased APRIL 31 1908
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 13
If less than one day hr. min.

9. Birthplace CHAPMAN KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name WILLIAM HANMAN

13. Birthplace WHITE SULPHUR SPRINGS VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name ANNA NICHOLSON

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

16. (a) Informant Mrs. Marie Gustave

(b) Address Wakefield Kansas

17. (a) REMOVAL (b) Date thereof APRIL 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANHATTAN, KANSAS

18. (a) Signature of funeral director D. W. Newsome
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-5-48 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County CLAY 999
(c) City or town CHEIFTON 14
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4TH
year 1948 hour 11 minute 05 P. M.

21. I hereby certify that I attended the deceased from March 10
1948 to April 4 1948

that I last saw him alive on April 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix
Duration

Due to
Due to

Other conditions generalized metastasis
(Include pregnancy within 5 months of death)
cervix

Major findings:
Of operations 480
Of autopsy no
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 Mervin J. Rungel (M. D. or other)
Address Plaza Three Bldg Date signed April 5 48

View of Hall in view of government

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. D. Nossinger*
Licensed Embalmer No. *3838*
P. O. Address *Kansas City 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.