

FILED JAN 23 1942

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 235

1. PLACE OF DEATH
(a) County St. Charles
(b) City or town St. Charles Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME NANCY KUSGEN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 29 1941 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 18 hr. _____ min.

9. Birthplace St. Charles County D (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Robert H. Kusgen
13. Birthplace California Mo. D (City, town, or county) (State or foreign country)
14. Maiden name Ruby Porter
15. Birthplace Monterey Co. D (City, town, or county) (State or foreign country)

16. (a) Informant Robert H. Kusgen
(b) Address Neutville Mo.

17. (a) Burial (b) Date thereof Jan. 1, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Evangelical Ch.

18. (a) Signature of funeral director William H. Fiedler
(b) Address California Mo.

19. (a) 1-8-42 (b) Clarence H. Wender (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 92
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 29 1941 to Dec 30 1941;
that I last saw her alive on Dec 30 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
(5 mo)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

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 Nicholas J. Houch (M. D. or other)

Address O. Fallon, Mo. Date signed 12/31/41

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.....

Licensed Embalmer No.....

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.