

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35903
Do not use this space.

1938 NOV 28 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township _____ Primary Registration District No. 3019 Registered No. 295
 (c) City Independence (d) Street No. Indep. Sanitarium St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 10305 Hill-Summit Pl. Kansas City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED _____ (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 3 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Independence
 (STATE OR COUNTRY) Missouri

13. NAME Harley Mussow Sr
 14. BIRTHPLACE (CITY OR TOWN) Meridan Lake,
 (STATE OR COUNTRY) Colorado

15. MAIDEN NAME Velma Crumpton

16. BIRTHPLACE (CITY OR TOWN) New Mexico,
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Harley Mussow
10305 Hill-Summit Pl. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Hills DATE Oct. 27 38

19. FUNERAL DIRECTOR (ADDRESS) George C. Carson
Independence, Mo

20. FILED 10-38 38 J. L. Cook
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Oct 25, 1938
 I last saw him alive on Oct 25, 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Respiratory Paralysis Date of onset _____

159
(3 hours in Dinker Baby respirator)

Other contributory causes of importance:
motherly to mother in attempt to avoid premature onset labor
prematurity

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify George T. Wyma M. D.
 (Signed) Independence Mo
 (Address) 355

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)