

JUN 27 1940

Registration District No. 625-

Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marionville, Missouri
(c) Name of hospital or institution: St. Francis Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution Two days
(Specify whether

In this community
years, months or days) not

3. (a) PRINT FULL NAME Rowland Williams Mussman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Wills Mussman 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased March 22 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 32 2 23 0 hr. min.

9. Birthplace Cole Camp Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business State P. N. & S. Security

12. Name Henry H. Mussman

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Kuehn

15. Birthplace Ostendorf Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pauline W. Mussman

(b) Address 1409 University City

17. (a) Burial (b) Date thereof May 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cemetery, State Highway 9, 3 mi. South Ravenwood, Mo.

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main, Marionville Mo.

19. (a) June 16, 1940 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1409 University City Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15 - 40
year _____ hour 3:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6-13-40
to 6-15, 1940, to _____, 19____;
that I last saw him alive on 6-15, 1940;

Immediate cause of death fractured skull
Brain injury
with hemorrhage

Due to auto accident

Due to _____

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

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Auto accident

(b) Date of occurrence 6-13-40

(c) Where did injury occur? Highway 9 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes
While at work? yes (Specify type of place) (e) Means of injury thrown out of car

23. Signature Pauline W. Mussman (M. D. or other)

Address Cole Camp, Mo. Date signed 6-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

210 102 JUL 7 1941
MAY 17 1948

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.....

William Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William Campbell*.....

Licensed Embalmer No. *5630*

P. O. Address *Maryville 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19126
Registrar's No. 76

Registration District No. 625

Primary Registration District No. 2031

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Marysville
(c) Name of hospital or institution:
(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 Rowland Williams Mussman
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 m
6. (b) Name of husband or wife.....
6. (c) Age of husband, or wife, if alive..... year.....
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 23
If less than one day..... hr..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) (Burial, cremation, or removal)..... (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fractured
Brain injury with
hemorrhage
Due to auto accident
collision with another
Other conditions automobile
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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) Auto
(b) Date of occurrence 6-13-40
(c) Where did injury occur: 3 mi. S. Ravenwood Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway 4 - 3 mi. S. Ravenwood Mo
While at work? yes (Specify type of place) (e) Means of injury Car collision

23. Signature J. M. Boyles (M, D. or other).....
Address Conception, Ga. Date signed.....

SUPPLEMENTAL

S-19125

19125