No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37665

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4263

DEC 11 1940

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: Track Yards " Union Station" (If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution (Specify whether years, months or days) None

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty (If outside city or town limits write "RURAL")

(d) Street No. 128 South Leonard St. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CARRICK A. MUSTION

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Evelyn Mustion

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept. (Month) 3 (Day) 1896 (Year)

8. AGE: Years 44 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Contractor

11. Industry or business 0

FATHER
12. Name Walter Mustion
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Carmel
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Mustion

(b) Address 128 S. Leonard St. Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 10 (Day) 40 (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hessel-Carder Fun. Home

(b) Address Liberty, Missouri

19. (a) Nov. 8, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7 year 40 hour minute M.

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

Immediate cause of death: Crushing injury of Chest Bilateral hematoma - Rupture of lung - Hemopentoneum

Due to Railroad traumatism

Due to

Other conditions (Include pregnancy within 3 months of death) 207 J

Major findings: Of operations 20

Of autopsy Surface

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) Accident

(b) Date of occurrence 11/7/40

(c) Where did injury occur? Clay Co Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad tracks (Specify type of place)

(e) Means of injury

23. Signature O. Etch (M. D. or other) 11/7/40

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Place

Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.