

FILED FEB 21 1942

Registration District No. **3919**

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 St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Days (Specify whether  
In this community 18 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Delmar Hotel-104 West 9th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME Mr. Jasper Roy Musick

3. (b) If veteran, name war No 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. Helen B. Musick 6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased August 11 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 5 20 hr. min.

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

10. Usual occupation Owner and Operator

11. Industry or business Delmar Hotel-104 West 9th

MOTHER FATHER { 12. Name Oliver Archie Musick  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lily M. Henley  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen B. Musick  
(b) Address 104 W. 9th Delmar Hotel  
17. (a) Burial (b) Date thereof Feb. 3, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. A. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 2-3-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1  
year 1942 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1-30-42  
1942 to 2-1-42 1942;  
that I last saw him alive on 2-1-42 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute left ventricular heart failure & pericarditis  
acute pulmonary edema  
Due to Toxic hepatitis  
Toxic nephritis

Due to possible sulfathiazole  
Other conditions lung damage  
(Include pregnancy within 3 months of death)

Major findings: gob  
Of operations ---  
Of autopsy see above

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) NO  
(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 Claffey (M. D. ---)  
Address 1103 Grand Date signed 2-2-42

**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..... *Emile M. Calhoun*.....  
Licensed Embalmer No..... *3506*.....  
P. O. Address..... *Kc 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.**