

28046

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED SEP 4 1943
Registration District No. 800

Primary Registration District No. 4142

Registrar's No. # 10

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

1. PLACE OF DEATH

(a) County Cole

(b) City or town Russellville monan

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Russellville MO. 1

(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 _____ 0

3. (a) PRINT FULL NAME LEONA MUSICIK

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife C.O.E. Musicik 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 9 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Huffman Sweeney

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

14. Maiden name Jane Dunsen

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

16. (a) Informant Walter Plummer

(b) Address Russellville MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem.

18. (a) Signature of funeral director _____ (b) Address Russellville MO.

19. (a) Aug-22-43 (Date received local registrar) (b) M.W. Plummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 10, 1943 to Aug 20, 1943 that I last saw her alive on Aug 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 82a

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 Walter Plummer (M. D. or other) Address Russellville MO. Date signed 8-22-43

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 *Gustaffson*

Licensed Embalmer No. ~~2703~~ 2307

P. O. Address *Russell, 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.