

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44091**

FILED JAN 6 1944

Registration District No. **260**

Primary Registration District No. **6225**

Registrar's No. **181**

1. PLACE OF DEATH: Vernon
 (a) County: Vernon
 (b) City or town: Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp. No. 3 20
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yr. 7 mo 2 da
(Specify whether)
 In this community Rural
years, months or days

2. USUAL RESIDENCE OF DECEASED: ¹⁶⁸
 (a) State: Wisconsin (b) County: Jackson
 (c) City or town: Kansas City ⁰
(If outside city or town limits, write "RURAL")
 (d) Street No.: 1631 Summit Av.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME: Agnes Musick
 (b) If veteran: — name war: —
 (c) Social Security No.: none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 23
 year 1943 hour 9:50 minute P. M.
 21. I hereby certify that I attended the deceased from Feb. 1
1943, to Dec. 23, 1943.
 that I last saw her alive on Dec 23, 1943
 and that death occurred on the date and hour stated above.

4. Sex: F. 5. Color or race: White
 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife: unknown 6. (c) Age of husband or wife if alive: unk years
 7. Birth date of deceased: Nov. 30 1898
(Month) (Day) (Year)

Immediate cause of death: Multiple Sclerosis or Disseminated Sclerosis.

8. AGE: Years Months Days If less than one day
55 0 23 hr. min.

Due to: 87d
 Due to: 87d
 Other conditions (Include pregnancy within 3 months of death): 87d

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

10. Usual occupation: Housework

11. Industry or business: Own home

12. Name: John Clary

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

14. Maiden name: Sarah Dudley

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

16. (a) Informant: Hospital Records.

(b) Address: Nevada Mo.

17. (a) Temporarily (b) Date thereof: 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Carewatomie Kans.

18. (a) Signature of funeral director: Mark E. Eisinger

(b) Address: Nevada Mo.

19. (a) 12-24-43 (b) Dazel B. Bewick
(Date received local registrar) (Registrar's signature)

Major findings: Of operations: 87d
 Of autopsy: 87d

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): 87d
 (b) Date of occurrence: 87d
 (c) Where did injury occur? 87d
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 87d (Specify type of place)
 (e) Means of injury: 87d
 23. Signature: R. B. Lester (M. D. or other)
 Address: Nevada Mo. Date signed: 12-23-43

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

08
9
0

MOTHER FATHER

1881

RECEIVED

District Health Officer No. 7;

District File Number 12-43-1412

Date Filed 1-3-44

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 Mark E. Eilinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.