V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33337

Registrar's No. 4242

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. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hrs (Specify whether

In this community 61 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 4150 Troost
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (~~Yes or~~ No)

If yes, name country No

3. (a) PRINT FULL NAME John-A-Muser

3. (b) If veteran, name war No

3. (c) Social Security No. 490-16-9716

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary-Muser

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov-30-1882
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	10	22	✓ hr. ✓ min.

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

10. Usual occupation Watchman

11. Industry or business Waltower Bldg

FATHER
12. Name Joseph Muser
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose-Koeble
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Muser

(b) Address 4150 Troost

17. (a) Burial (b) Date thereof Oct-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial [redacted] St. Mary's

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 East 15

19. (a) Oct 23 1944 (b) F E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 22
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct-1, 1944 to Oct-22, 1944
that I last saw him alive on Oct-22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia (aspiration type)

Due to Acute Gangrenous Appendicitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 21:1

Of autopsy See Above

Duration

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Upsher (M. D. or other) MD

Address 231 McCoy Date signed 10/23/44

(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 A P Doehler

Licensed Embalmer No. 1166

P. O. Address 1415 E 15

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.