V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1971

Registration District No. 149 Primary Registration District No. 1002. Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town R5 No Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Musselman

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex M O
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ollie Musselman
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April (Month) 11 (Day) 1879 (Year)

8. AGE: Years 66 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Davis Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer Contractor
11. Industry or business Farm

FATHER
12. Name Amos Musselman
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ollie Drummond
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ollie Musselman
(b) Address R5 No Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo
18. (a) Signature of funeral director Morton Funeral Home
(b) Address No Kansas City Mo
19. (a) 5-4-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1945 hour 7 minute P M.

21. I hereby certify that I attended the deceased from March 15, 1945, to May 2, 1945 that I last saw him alive on May 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Air Embolism (Femoral)	12 hr.
Due to Transurethral (Prostate)	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

99:1

Major findings:
Of operations Hypertrophy prostate
Of autopsy Same as 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)
(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 [illegible] (M. D. or other)
Address Liberty, Mo Date signed 5/3/45

(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 John S Morton

Licensed Embalmer No. 4349

P. O. Address No. K. C. 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.