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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21101
Registrar's No. 2838

Registration District No. 149

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 General Hospital No. 1 Receiving ward
(If not in hospital or institution, write street number or location)

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

In this community Unknown (Specify whether _____)
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. Midway Hotel
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Emmon Musser

3. (b) If veteran, name war World War I

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 31 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	10	26 5	hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business _____

12. Name Henry Musser

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

14. Maiden name Mae Moyer

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

16. (a) Informant Record Clerk

(b) Address K.C. General Hosp. #1

17. (a) Burial (b) Date thereof 7-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 7-3-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1947 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 26 1947 to 6-26 1947
that I last saw him alive on 6-26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

Of autopsy: None

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 _____

Signature W. W. Hart (M. D. or other) _____
Address Med. Dir. Gen'l Hosp date signed 6-28-47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Dr. Mansfield

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 *Blaine E. Weidert*

Licensed Embalmer No. *4075*

P. O. Address *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.