S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41830

FILED JAN 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5427

WRITE PLAINLY—USING 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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 minutes (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3325 Troost 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME CHARLES S MUSICK
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife x unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	5	20	hr. min.

9. Birthplace Orla Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Yard Foreman
11. Industry or business K. C. Terminal
FATHER
12. Name William Green Musick
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cecilia Wilson
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
16. (a) Informant A. A. Musick
(b) Address 3241 McGee K. C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Paola, Kansas
18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo
19. (a) 12-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1947 hour 9 minute 40 A. M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Chest & pelvis amputation left leg above ankle
Due to fracture Rt. Knee & ankle
Due to auto & pedestrian
Other conditions (Include pregnancy within 3 months of death) 17 DC
Major findings:
Of operations 21
Of autopsy no
History & Inspection

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 123
(b) Date of occurrence 12-23-47
(c) Where did injury occur? KC Jackson mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place
(Specify type of place)
While at work? yes (e) Means of injury R.R. Train
23. Signature James Walker (M. D. or other) Coroner
Address 1424 Jef Mdy Date signed 12-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1948

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 Chas E. Wilks

Licensed Embalmer No. 2644

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.