FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 14 1949

Registration District No. 209

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1870

Primary Registration District No. 3043

Registrar's No. 3

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 40 days (Specify whether years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64

(c) City or town: Palmyra 5
(If outside city or town limits, write "RURAL")

(d) Street No.: North Spring 1
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Stella Elizabeth Musick

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Female 1

5. Color or race: White

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

6. (b) Name of husband or wife: Wilbur Musick

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: August (Month) 22 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	9	hr. min.

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

10. Usual occupation:

11. Industry or business: At Home

FATHER
12. Name: August Shear 9
13. Birthplace: No record 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lydia Bryant
15. Birthplace: No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Leona Crane 1
(b) Address: Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/4/49 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmyra Cemetery

18. (a) Signature of funeral director: Lewis Bird
(b) Address: Palmyra, Mo.

19. (a) 1-7-49 (Date received local registrar) (b) Wm E. M. Luckey (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1949 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1948, to Jan 1, 1948, that I last saw her alive on Dec 31, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to: Chronic Glomerulo nephritis.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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):

(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) D

While at work? (e) Means of injury:

23. Signature: J. H. Lee M.D. (M. D. or other)

Address: Palmyra, Mo. Date signed: 1/4/49

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.