

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21537

Registration District No. 201

Primary Registration District No. 2-180

Registrar's No. 47

1. PLACE OF DEATH:

(a) County. CLAY
(b) City or town. LIBERTY MO. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2
(Specify whether

In this community. 83 yrs.
years, months or days)

3. (a) PRINT FULL NAME. GEORGE V. MUSSER 260

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

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. WIDOWED

6. (b) Name of husband or wife. Emma Spurgen Musser 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. DEC 13 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 12 If less than one day hr. min.

9. Birthplace. CLAY CO. MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation. FARMER 1

11. Industry or business

12. Name. Erwin B. Musser 5

13. Birthplace. Bowling Green, Ky.
(City, town, or county) (State or foreign country)

14. Maiden name. Martha Donaldson

15. Birthplace. Clay Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Super J. Tank

(b) Address. Liberty - Mo

17. (a) KEARNEY MO. (b) Date thereof. 5-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. KEARNEY MO.

18. (a) Signature of funeral director. Frank C. Cook

(b) Address. LIBERTY MO.

19. (a) 5-25-40 (b) Helen Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. CLAY

(c) City or town. LIBERTY RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. WEST OF LIBERTY MO.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day. 18 26
year. 1940 hour. 10 minute. A. M.

21. I hereby certify that I attended the deceased from May 18, 1940, to May 16, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death. Senility

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (a) Manner of injury

23. Signature. J. H. Mc... M. D. or other
Address. Liberty Mo Date signed. 5/26/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-15-40

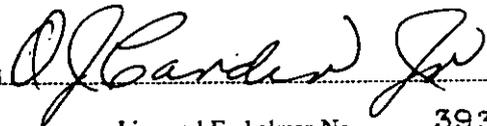
STATEMENT BY LICENSED EMBALMER

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. 3934

P. O. Address LIBERTY 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, above space should be left blank.