S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 660

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 157

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2118 Mullanphy St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Rural
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lewis Evens Musser

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

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hannah

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct. (Month) 16 (Day) 1862 (Year)

8. AGE: Years 79 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

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

MOTHER
14. Maiden name Nancy Hostedler
15. Birthplace (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Nellie Mae Tanner
(b) Address 2118 Mullanphy St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 6 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1942 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Jan 6 1942
that I last saw him alive on Jan 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy — Duration 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 B. F. Freeman (M. D. or other)
Address 1875 Madison Date signed 1/6/42

(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 Albert G. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

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.