

FILED APR 13 1942

Registration District No. 477

Primary Registration District No. 2-00-5645

Registrar's No. 25

56
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural - Union Twp
(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 _____ (Specify whether _____)

In this community 86 Years
years, months or days)

3. (a) PRINT FULL NAME Hanna Boyles Musser

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James G. Musser 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 12th, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87	2	3	_____ hr. _____ min.
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9. Birthplace Sandusky Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Cornellous Boyles

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Galligar

15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant James Musser
(b) Address La Grange, Mo.

17. (a) Burial (b) Date thereof Mar. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monticello, Mo.

18. (a) Signature of funeral director J. H. Roberts
(b) Address La Grange, Mo.

19. (a) 3/16/42 (b) J. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 056
0
0

(a) State Missouri (b) County Lewis

(c) City or town Rural - Union
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 1942, to March 15, 1942 that I last saw her alive on March 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Endocarditis
Leukemia

Due to _____

Due to _____

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

Major findings: g2d
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) Means of injury g2d

23. Signature H. B. Dodson (M. D. or other) D.O.
Address La Grange, Mo. Date signed 3/16/42

Duration

Years _____

Years _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-9-711

Date Filed APR - 9 1942

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.....

A.A. Roberts

Registered Apprentice No.....

working under my personal supervision.

Signed A.A. Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.