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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19618

Registrar's No. 2397

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~~ 8 HOURS (Specify whether years, months or days)

In this community 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 40
(If outside city or town limits, write "RURAL")

(d) Street No. 3524 SOUTH BENTON
(If rural, give location)

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

If yes, name country -------

3. (a) PRINT FULL NAME MR GEORGE K. MUSSELMAN

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 Widowed

6. (b) Name of husband or wife Mrs. Elizabeth Musselman

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

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

8. AGE: Years 88 Months 11 Days 18 If less than one day ____ hr. ____ min.

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

10. Usual occupation Partner

11. Industry or business Musselman & Hall Construction Co.

FATHER
12. Name Unknown Musselman
13. Birthplace Lancaster (City, town, or county) Pennsylvania (State or foreign country)

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

16. (a) Informant Mrs. Percy M. Davis

(b) Address Scranton, Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1945 (Month) (Day) (Year)

(c) Place: burial, cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. A. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-4-45 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1ST year 1945 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 15, 19[illegible] to June 1, 19[illegible] that I last saw him alive on June 1, 19[illegible] and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	[illegible]
Due to: Senility	[illegible]
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 E. W. Watt (M. D. or other)

Address 3850 Prospect Date signed 6-2-45

(Licensed Embalmer's Statement on Reverse Side)

3850 Prospect Avenue

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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.