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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37944**

Registration District No. **212**

Primary Registration District No. **5780**

Registrar's No. **50**

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eugene Rural Salem  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

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

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

(e) Citizen of foreign country? h (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME OLIVER A. MUSICK

3. (b) If veteran, name war.....

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sally Musick 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased DEC. 27 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Osage Mo. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER

12. Name P. M. Musick

13. Birthplace Brickton Hill Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Tramm

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. A. Musick

(b) Address Eugene MO

17. (a) Rural (b) Date thereof 11-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Garden Cem

18. (a) Signature of funeral director W. H. Steffens

(b) Address Parisville Mo.

19. (a) 11-23-45 (b) Oliverella Wall  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1945 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Nov 14 1945 to Nov 21 1945 that I last saw him alive on Nov 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 14 days

Due to arteriosclerotic

Due to.....

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

Major findings: Of operations.....

Of autopsy 838

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 M. E. Humphrey (M. D. or other) D.O.  
Address Parisville Mo. Date signed 11-23-45

1473

RECEIVED

Miller County Health Dept.

County File Number

Date Filed 12-6-45

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 *G. M. Steffens*  
Licensed Embalmer No. 2307  
P. O. Address Russellville 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.