S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 72

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3013

State File No. 15743

Registrar's No. 54

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1026 East 22nd St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether years, months or days)
In this community 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1026 E 22 St. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country XXXXX

3. (a) PRINT FULL NAME John Charles Musser
3. (b) If veteran, name war no
3. (c) Social Security No. XX

4. Sex male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Virgina Musser
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased Dec. (Month) 26 (Day) 1861 (Year)

8. AGE: Years 86 Months 4 Days 29 If less than one day XX hr. XX min.

9. Birthplace Center Co. (City, town, or county) Penn. 1 (State or foreign country)
10. Usual occupation Contractor
11. Industry or business Self
MOTHER FATHER
12. Name Daniel Musser
13. Birthplace Snyder Co. (City, town, or county) Penn. 1 (State or foreign country)
14. Maiden name Harriet Shoritz
15. Birthplace Union Co. (City, town, or county) Penn. 1 (State or foreign country)
16. (a) Informant Mrs. E.L. Clemans
(b) Address 1026 E. 22 North Kansas City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Kansas
18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City Mo.
19. (a) May 25-1948 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 25 day
year 1948 hour 6 minute 0 A. M.
21. I hereby certify that I attended the deceased from Dec 15, 1947, 19..., to May 25, 1948, that I last saw him alive on May 22, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral Hemorrhage	3 days
Due to: Senility	—
Due to:	
Other conditions (Include pregnancy within 3 months of death): Tuberculosis (questionable active)	?
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 0

23. Signature L. Schultz Faulk (M. D. or other) MD
Address 2023 Swift - No. K.C. Date signed 5/25/48

(Licensed Embalmer's Statement on Reverse Side)

mo

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 6-4-48

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 Chester L Fleming, Registered Apprentice No. 447, working under my personal supervision.

Signed Theren O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City 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.