

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21388  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Adair Registration District No. 4  
 (b) Township 2 Primary Registration District No. 300  
 (c) City Kirkville (d) Street No. Anna Smith Way St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Mustoe  
 (a) Residence, No. \_\_\_\_\_ St. Memphis  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wch 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie Mustoe  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1865  
 7. AGE YEARS 73 MONTHS 10 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo.  
 FATHER 13. NAME James Henry Mustoe  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 MOTHER 15. MAIDEN NAME Frances Hudkins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 17. INFORMANT (ADDRESS) Hubert F. Mustoe  
Memphis  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brook cemetery DATE June 30, 39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Waring Sons  
Memphis, Mo.  
 20. FILED June 30, 39 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1939, to 6-28, 1939  
 I last saw him alive on 6-28, 1939 Death is said to have occurred on the date stated above, at 3:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Congestive heart failure  
95 C  
 Other contributory causes of importance:  
Chronic myocarditis  
rheumatic heart disease  
 Date of onset 1939  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) E. S. Smith, M. D.  
Kirkville (Address)

RECEIVED

District Health Officer No. 10

District file number 7-39-1284

Date Filed JUL 13 1939

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, ~~only~~.....

*Neal Payne*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Neal Payne*

Licensed Embalmer No. 2550

P. O. Address

*Memphis, TN*

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, above space should be left blank.