

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

33152
Do not use this space.

REC'D OCT 10 1939

1. PLACE OF DEATH
 (a) County Tennessee Registration District No. 651
 (b) Township Carthage Primary Registration District No. 4288 Registered No. 96
 (c) City Carthage or Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elzie H. Musgrave
 (a) Residence, No. 210 E. 8th St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucie Cross Musgrave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>9</u>	<u>2</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Partner of
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Carthage, Tennessee
 (STATE OR COUNTRY)

FATHER
 13. NAME John W. Musgrave
 14. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Bethenia Jarrett
 16. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Elzie Musgrave
Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage, Tennessee 9/11/39

19. FUNERAL DIRECTOR (NAME) La Forge Ind. Co
 (ADDRESS) Carthage, Mo.

20. FILED Oct. 3, 1939 Ada Mott SE
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH 7:20 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1939, to Sept 20, 1939
 I last saw him alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at 7:20 m.
 The principal cause of death and related causes of importance were as follows:
Coronary Disease
Chronic Myocarditis
Myocardial Infarction
 Date of onset Unknown
Re. 1938

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? None
 If so, specify _____
 (Signed) C. C. Easton M. D.
 (Address) Carthage, Mo.

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

RECEIVED

District Health Officer No. 3,

District File Number 1039-59

Date Filed 10/6/39

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~~.....

J. B. Schuman....., Registered Apprentice No.....
working under my personal supervision.

Signed J. B. Schuman
Licensed Embalmer No. 4086

P. O. Address Centerville, 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, above space should be left blank.