

3-2
3-40
7-39
PC23159

Registration District No. **413** Primary Registration District No. **5559.C.** Registrar's No. **19**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Meramec Manor**
(c) Name of hospital or institution: **Jasper C. BCO Hospital**
(d) Length of stay: In hospital or institution **2 mo**
In this community **2 mo**
years, months or days

3. (a) PRINT FULL NAME **George H. Musgrove**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **710-04-2586**

4. Sex **Male** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mrs**
6. (c) Age of husband or wife if alive **13** years
7. Birth date of deceased **Feb 13 1902**
(Month) (Day) (Year)

8. AGE: Years **39** Months **4** Days **8**
If less than one day hr. min.

9. Birthplace **Marion, Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **Miner**

11. Industry or business
12. Name **John C. Musgrove**
13. Birthplace **Prentiss**
(City, town, or county) (State or foreign country)
14. Maiden name **Carry Curlee**
15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records**
(b) Address
17. (a) **Burial** (b) Date thereof **June 23 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Reeds Cemetery**
18. (a) Signature of funeral director **Webb City Und Co.**
(b) Address **Webb City, Mo**
19. (a) JUNE 23 1941 (b) **J. H. Hutchins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(d) Street No. **2841 East 7th Street**
(e) If foreign born, how long in U. S. A? **1** years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **21**
year **1941** hour **5** minute **38 P.M.**

21. I hereby certify that I attended the deceased from **March 25**, 1941, to **June 21**, 1941;
that I last saw him alive on **June 21**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of Lungs - Pulverized since**
Due to
Due to **13 1/2**
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?
377 (Specify type of place) (e) Means of injury
23. Signature **James E. Dargatzis** (M. D. or other)
Address **Webb City MO** Date signed **6/21/41**

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

41-9572

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.....

A. K. Mills

Registered Apprentice No. *347*

working under my personal supervision.

Signed *A. K. Mills*

Licensed Embalmer No. *347*

P. O. Address *Waltham 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.