

REC AUG 21 1942

Registration District No. 760B

Primary Registration District No. 6001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County ST. CHARLES  
(b) City or town O'FALLON RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1 Dunham, Ford  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. CHARLES  
(c) City or town O'FALLON RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1942 hour 3:30 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Corners to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Accidental Drowning  
Due to \_\_\_\_\_  
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.

3. (a) PRINT FULL NAME JAMES CLAUDE MUSCHANY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 15 1928  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
13 8 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HOWELL MO  
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business \_\_\_\_\_

12. Name CLAUDE MUSCHANY

13. Birthplace HOWELL MO  
(City, town, or county) (State or foreign country)

14. Maiden name HESTER STEWART

15. Birthplace HOWELL MO  
(City, town, or county) (State or foreign country)

16. (a) Informant CLAUDE MUSCHANY

(b) Address O'FALLON MO

17. (a) BURIAL (b) Date thereof 7 7 '42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST CHARLES MO

18. (a) Signature of funeral director Mrs. Muschany

(b) Address Westville, Mo

19. (a) 7-15-42 (b) John S. Brownell  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence July 5-21 1942 1:30

(c) Where did injury occur? Perquimans Creek (City, town, or county) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in Perquimans Creek (Specify type of place)

While at work? Yes (a) Means of injury drowning

23. Signature A. P. Corral M. D. or other \_\_\_\_\_

Address St Charles Mo Date signed 7/6/42

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

92  
0  
0

682

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**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..... *E. A. Keilly*.....

Licensed Embalmer No..... *822*.....

P. O. Address.....

**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.**