

FILED DEC 5 1942
Registration District No. _____

Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH: GREENE

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 736 S. Pickwick /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
years, months or days) 33 years

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 736 S. Pickwick
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Esther A. Musgrave

3. (b) If veteran name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th
year 1942 hour 2:50 minute P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Louis Hamilton Musgrave

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased January 9, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 3
1942 to Nov 14 1942

that I last saw her alive on Nov 14 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 10 5 hr. min.

Immediate cause of death Acute Myocarditis

Due to inter respiration

9. Birthplace Henderson N. Carolina /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name William Weaver

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. Ed Musgrave

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 11/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greene Lawn Cemetery

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? _____

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 11-16-42 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

23. Signature J. Q. Robertson (M. D. or other) U

Address Springfield Mo Date signed 11/16/42

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.....

Harlow Knapp

Licensed Embalmer No. *4065*

P. O. Address *Springfield, 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.

X