S. No. 2
—9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6061

FILED FEB 15 1943

Registration District No. ..... Primary Registration District No. 4107 Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: El Dorado Spgs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cedar
(c) City or town: El Dorado Spgs
(If outside city or town limits, write "RURAL")
(d) Street No.: 205 W. Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: LOUVINA MUSGROVE
3. (b) If veteran, name war: .....
3. (c) Social Security No.: .....
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: Nov (Month) 4 (Day) 1884 (Year)

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

9. Birthplace: (City, town, or county) Na / (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: .....
FATHER
12. Name: James Dickerson
13. Birthplace: (City, town, or county) Na. / (State or foreign country)
MOTHER
14. Maiden name: Not known
15. Birthplace: (City, town, or county) Na / (State or foreign country)
16. (a) Informant: James Dickerson
(b) Address: El Dorado Spgs
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: Mafus Funeral Home
(b) Address: .....
19. (a) 2-3-43 (Date received local registrar) (b) L. V. Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 31
year: 1943 hour: 1 minute: 35 A.M.
21. I hereby certify that I attended the deceased from Jan 23, 1943, to Jan 31, 1943
that I last saw her alive on Jan 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration
Due to: .....
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.

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? (Specify type of place)
While at work? (e) Means of injury: .....
23. Signature: C. H. Underwith (M. D. or other) D.O.
Address: El Dorado Spgs Date signed: 2-3-43

1046 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-43-143
Date Filed 2-10-43

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 George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs 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.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6061

Registration District No. ____ Primary Registration District No. 4107 Registrar's No. ____

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Eldorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 3-0 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (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 ____

3. (a) PRINT FULL NAME: Louvine Musgrove
3. (b) If veteran, name war: —
3. (c) Social Security No. ____
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Wd
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Nov 6 — 1858 (Month) (Day) (Year)
8. AGE: Years 85 Months 3 Days 28 If less than one day ____ hr. ____ min.
9. Birthplace ____ (City, town, or county) ____ (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
MOTHER FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) Va (State or foreign country)
14. Maiden name ____
15. Birthplace ____ (City, town, or county) Va (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director: L. T. Dunaway
(b) Address: El Dorado Sprs Mo
19. (a) 3/1—43 (Date received local registrar) (b) L. T. Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day ____ year ____ hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw him alive on ____ 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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.

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (c) Means of injury ____
23. Signature ____ (M. D. or other) ____
Address ____ Date signed ____

SUPPLEMENTARY