

V. S. No. 2
OM-9-4-41
Re 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28138

State File No.

Registrar's No. 36

ED AUG 30 1948

Registration District No. 108

Primary Registration District No. 4179

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Senath
(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)

In this community 72 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wall Elias Muse

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

4. Sex Male 5. Color or race White 16. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Sept. 6 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 21 hr. min.

9. Birthplace Senath, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Thomas Muse

13. Birthplace Clabank, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jones

15. Birthplace Senath, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gill Muse

(b) Address Senath, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Senath Cemetery

18. (a) Signature Dr. Daniel General Senath
(b) Address Senath, Missouri

19. (a) 8-18-1948 (Date received local registrar) (b) Hostery (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Senath
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day July
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 15
1942 to July 28 1948
that I last saw him alive on July 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, miliary tuberculosis
Due to _____

Other conditions chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1316

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. Daniel General (M. D. or other) _____
Address Senath, Mo. Date, signed 8-28-48

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

MOTHER FATHER

1010 B-4

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.....
[Signature]....., Registered Apprentice No.....
working under my personal supervision.

Signed *Arthur J. McDaniel*

Licensed Embalmer No. *2093*

P. O. Address *Senath, 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.