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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27769

Registration District No. 128 Primary Registration District No. 2100 Registrar's No. 664A

1. PLACE OF DEATH:

(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: Sptl. Baptist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED: 112

(a) State: Missouri (b) County: Webster
(c) City or town: ~~Rt. 1,~~ Elkland, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: Route #1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles Fredrick Musselman
3. (b) If veteran, name war: Unk.
3. (c) Social Security No. 486-01-725
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Violet Musselman
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: May (Month) 28 (Day), 1908 (Year)

8. AGE: Years: 36 Months: 2 Days: 15 If less than one day: hr. min.

9. Birthplace: Burns (City, town, or county) Wyoming (State or foreign country)
10. Usual occupation: Contractor & Farmer
11. Industry or business:

FATHER
12. Name: Frank Wesley Musselman
13. Birthplace: Maquota (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Emma Maude Chambers
15. Birthplace: Adell (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Violet Musselman
(b) Address: Rt. 1, Elkland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant View (Cem)
18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address: Springfield, Mo.
19. (a) 8-18-44 (Date received local registrar) (b) W. J. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1944 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from Aug 12, 1944 to Aug. 13, 1944 that I last saw him alive on Aug. 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Perforation of small bowel — Duration
Due to: Peritonitis acute traumatic following perforation, small bowel caused by horse falling on him
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: above
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): accident 112
(b) Date of occurrence: 8/12/44
(c) Where did injury occur? Elkland (City or town) Webster (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ON FARM (Specify type of place)
While at work? YES (e) Means of injury: Horse fell on him
23. Signature: Robert Glynn (M. D. or other)
Address: Holland Bldg. Springfield Date signed 8/12/44

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1947

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.....

Licensed Embalmer No. C. D. McCashy

P. O. Address 28091

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.