S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19220

FILED MAY 27 1946

Registration District No. 8

Primary Registration District No. 6183

Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Rural Polk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Milan, Route 1
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Sullivan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Milan Route 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Rosina McCalley Musgrave
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Wi
6. (b) Name of husband ~~or wife~~ O. E. Musgrave
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov. (Month) 23 (Day) 1877 (Year)
8. AGE: Years 68 Months 4 Days 7 If less than one day hr. min.
9. Birthplace Humphreys (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Calvin McCalley
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Frances Eathers
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant O. E. Musgrave
(b) Address Milan, Mo. Route #1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Humphreys, Mo.
18. (a) Signature of funeral director Glenn E. Hunt & Son
(b) Address Green City, Mo.
19. (a) May 1-1946 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30 year 1946 hour 11 minute 10 P.M.
21. I hereby certify that I attended the deceased from MAR 15, 1946, to MAR 30, 1946 that I last saw h. ER alive on MAR 30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
LOBAR Pneumonia	1 week
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 O. E. Musgrave (M. D. or other)
Address Green City, Mo. Date signed 4-1-46

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(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1946

RECEIVED
District Health Officer No. 10
District File Number 5-46-1051
Date Filed MAY 23 1946

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenville

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.