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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14340

State File No. _____

FILED APR 21 1947

Registration District No. 237 Primary Registration District No. 5820 Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:
Little River
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid ⁷²

(c) City or town Wardell Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? _____ (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME Charles Wayne Muse

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 21 1941
(Month) (Day) (Year)

8. AGE: Years 5 Months 6 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Zion Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Arthur S. Muse

13. Birthplace Portageville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Lumley

15. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Muse

(b) Address Portageville Missouri

17. (a) Burial (b) Date thereof 2/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, Missouri

18. (a) Signature of funeral director De La Funeral parl

(b) Address Wardell, Mo.

19. (a) 3-31-47 (b) Mrs H. Gullett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/6, 1947, to 2/6, 1946;
that I last saw him alive on Feb 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral spinal meningitis Duration 5 hrs.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. Gullett (M. D. or other) 0
Address Wardell, Mo. Date signed 4/4/47

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

MOTHER FATHER

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..... *W. Lisle General Parlor*

Licensed Embalmer No.....

P. O. Address..... *partasville mo*

Was not Embalmed.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 237Primary Registration District No. 5820Registrar's No. 61

1. PLACE OF DEATH:

- (a) County New Madrid Co
 (b) City or town Wardell, no rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Delicieux
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Home
 (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Charles W. Muse

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased July 21 1941
(Month) (Day) (Year)8. AGE: Years Months Days (If less than one day) 5 6 15
hr. min.9. Birthplace Zion Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur S. Muse
 { 13. Birthplace Portageville Missouri
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Dorothy Lumley
 { 15. Birthplace East St. Louis Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Muse(b) Address Portageville, Missouri17. (a) Burial (b) Date thereof 2/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wardell, Missouri

15. (a) Signature of funeral director _____

(b) address _____

19. (a) May 10, 1947 (b) Mrs. Byron Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County New Madrid Co
 (c) City or town Wardell Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 6
year 1947 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral spinal meningitis

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? _____

While at work? _____
(Specify type of place) (c) Means of injury _____23. Signature H. H. Kelley (M. D. or other) _____Address 1111 N. 1000th St. Date signed 2/11/47

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

SUPPLEMENTARY

14340

Stamp
1910
1910