

FILED JUL 14 1947

State File No. _____

Registration District No. 3

Primary Registration District No. 4203

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Galt
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40
(c) City or town Galt Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Raymond Musgrave

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-05-8408

4. Sex Male 5. Color or race wht 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Elma Musgrave 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July 4 1898
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Trucker

11. Industry or business Trucking

12. Name Richard F Musgrave

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

14. Maiden name Anna V Hill (State or foreign country)

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

16. (a) Informant Elma Musgrave

(b) Address Galt Mo.

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

(c) Place: burial or cremation Galt Mo K.P. Cemetery

18. (a) Signature of funeral director R. Raymondson

(b) Address Galt Mo.

19. (a) 7-2-47 (b) Frene Jaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1947 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 15 1947 to June 30 1947

that I last saw him alive on June 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental extensive burns due to gas stove explosion
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) Accidental 59

(b) Date of occurrence March 28 1947

(c) Where did injury occur? Chillicothe Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Furniture Factory (Specify type of place)
While at work? no (e) Means of injury Gas stove

23. Signature E. A. Duffy (M. D. or other)

Address Clinton Mo Date signed July 1 1947

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

MOTHER FATHER

1961 87 707

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *P. R. Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address..... *Galt*

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.