

FILED SEP 16 1947

State File No.

Registration District No.

Primary Registration District No. 5007

Registrar's No. 246

1. PLACE OF DEATH:

(a) County ADAIR
(b) City or town RURAL - SALT RIVER
(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 87 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR
(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 3 MI. S.E. BRASHEAR
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELIZABETH MUSGROVE

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

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

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

7. Birth date of deceased MARCH 19 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 5 7 hr. min.

9. Birthplace KNOX CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name SAMUEL SPARKS

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

14. Maiden name MARY ANN MINOR

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

16. (a) Informant Mrs. Chas. Coleman

(b) Address Hurdland Mo.

17. (a) Burial (b) Date thereof Aug 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lansberry Cemetery - Scott County, Mo.

18. (a) Signature of funeral director Scott County, Mo.

(b) Address Hurdland Mo.

19. (a) 9-11-47 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 26
year 1947 hour 11:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from Aug 17 1947 to 8-26 1947
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Decompensation
Duration 40
8-26-47
87-5-48

Due to Senile Debility

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 [Signature] (M.D. or other) DO

Address [Address] Date signed 8-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District No. 9-47-1239
Date Filed SEP 15 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.....

Richard B. Kelly, Registered Apprentice No. 467,
working under my personal supervision.

Signed Geo. B. Easton, Jr.
Licensed Embalmer No. 3755
P. O. Address Hurdland 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.