

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35813

NOV 8 1939
Registration District No. 148

Primary Registration District No. 3011

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 months and 4 days
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 44 day, Excelsior Sanitarium
(If rural, give location)
(e) If foreign born, how long in U. S. A. 55 years years.

3. (a) PRINT FULL NAME JOHN EDWIN MUSGRAVE M.D.

MEDICAL CERTIFICATION

3. (b) If veteran, name war World 3. (c) Social Security No. none

20. DATE OF DEATH: Month Oct. day 28 year 1939 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 1939, to Oct. 28, 1939; that I last saw him alive on Oct 28, 1939; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hope 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 18 1877
(Month) (Day) (Year)

Immediate cause of death Staphylococcus Viridans
Bacteremia. Duration 22 days

8. AGE: Years 61 Months 11 Days 10 If less than one day hr. min.

Due to Thrombosis of artery
Due to Septic

9. Birthplace Cape Breton - Nova Scotia
(City, town, or county) (State or foreign country)

Other conditions Carol hemorrhoids 1 1/2 cups
(Include pregnancy within 3 months of death)

10. Usual occupation Physician

Major findings: Of operations

11. Industry or business practice of medicine

Of autopsy

12. Name Alfred Musgrave

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

14. Maiden name Janet M. Donald

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

16. (a) Informant's own signature David F. Musgrave

(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 10/30/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs

19. (a) 11-1-39 (b) Madison D. Drake
(Date received local registrar) (Registrar's signature)

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?

23. Signature P. C. Tothman (M. D. or other)
Address Excelsior Springs, Mo. Date signed 10/31

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 17 1947

MAR 23 1954

MAY 16 1948

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.....

Herbert Hope....., Registered Apprentice No.....
working under my personal supervision.

Signed Herbert Hope.....

Licensed Embalmer No. 3199.....

P. O. Address Excelsior Springs.....

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, above space should be left blank.