

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 32

1. PLACE OF DEATH:

(a) County: Jefferson
(b) City or town: DeSoto
(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: 21 year (Specify whether years, months or days)
In this community: 21 year (Specify whether years, months or days)

8. (a) PRINT FULL NAME: BURNTHORN MUSGRAVE

8. (b) If veteran, name war: _____ 8. (c) Social Security No.: _____

4. Sex: male / 5. Color or race: white / 6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Anna Musgrave / 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: June 15 1854 (Month) (Day) (Year)

8. AGE: Years: 87 / Months: 10 / Days: 22 / If less than one day: _____ hr. _____ min.

9. Birthplace: Sumner / 4 Scotland (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: _____

12. Name: Burnthorn Musgrave

13. Birthplace: 4 England (City, town, or county) (State or foreign country)

14. Maiden name: Frances Worth

15. Birthplace: 4 England (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lee Herron

(b) Address: DeSoto Mo

17. (a) Burial (b) Date thereof: April 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodland Burial DeSoto

18. (a) Signature of funeral director: Donald B. Dittus

(b) Address: DeSoto Mo
19. (a) 6-7 1941 (Date received local registrar) (b) Matthe Woods (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jefferson
(c) City or town: DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No.: 420 Stewart (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr. day: 7 year: 1941 hour: 2 minute: P. M.

21. I hereby certify that I attended the deceased from Mar 25 1941 to Apr 7 1941 that I last saw him alive on Apr 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis Duration: Apr 1

Due to: Strangulation of hernia Mar 25

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? _____

383 (Specify type of place) _____ (e) Means of injury: _____

23. Signature: J. P. Ingels (M. D. or other) _____ Address: DeSoto, Mo Date signed: 7-11-41

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

2020

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 _____

Francis R. Dietrich

Registered Apprentice No. 258

working under my personal supervision.

Signed *Jamell B. Dietrich*

Licensed Embalmer No. 4104

P. O. Address Depto 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, above space should be left blank.