No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21385

Registration District No. 1 Primary Registration District No. 4131 Registrar's No. 73

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Avondale Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clay 24
(c) City or town: Avondale Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: (Rural)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Dimmeris - Dooley - Musgrove
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: William A. Musgrove
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: Nov (Month) 19 - (Day) 1874 (Year)

8. AGE: Years 69 Months 7 Days 10 If less than one day hr. min.

9. Birthplace: Bourbon Co. (City, town, or county) Ky (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Jake Dooley
13. Birthplace: Unknown Ky (City, town, or county) (State or foreign country)
14. Maiden name: Rebecca Mansfield
15. Birthplace: Unknown Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Dooley Musgrove
(b) Address: Avondale Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Kearney Mo.
18. (a) Signature of funeral director: Morton Funeral H
(b) Address: North Kan City Mo
19. (a) June 30-1944 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1944 hour 9:00 minute A.M.
21. I hereby certify that I attended the deceased from June 1 1943, 19..., to June 29, 1944, that I last saw he R. alive on June 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Complete Cardiac and Respiratory failure. — Duration

Due to: Chronic Myocarditis

Due to:

Other conditions: Acute Articular Rheumatism of 25 yrs standing
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 92d

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? (Specify type of place)
While at work? (e) Means of injury: 2

23. Signature: C B Curry (M. D. or other) DO
Address: Avondale Mo Date signed 6-30-44

9/6 (Licensed Embalmer's Statement on Reverse Side) C.B. CURRY. AVONDALE. MO

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-44

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 John S. Marlow

Licensed Embalmer No. 4349

P. O. Address North Pam St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.