

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12950

1. PLACE OF DEATH

County Jackson Registration District No. 888 File No. 1701
Township Law Primary Registration District No. W002 Registered No. 1701
City Kansas City (No. St. Mary Hospital) St. 1701 Ward)

2. FULL NAME

Francis Frederic Muehlebauster

(a) Residence, No. 6408 Oak St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 24-30</u>		
7. AGE YEARS <u>4</u>	MONTHS <u>0</u>	DAYS <u>20</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) <u>Kansas City Mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Frank L. Muehlebauster</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Kansas City Mo</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Marcella Des Marais</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Las Vegas N. M.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Frank Muehlebauster</u> (ADDRESS) <u>6408 Oak</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabury Cem.</u> DATE <u>April 16-1934</u>		
19. UNDERTAKER <u>Wagner's Funeral Home</u> (ADDRESS) <u>204 W. Lincoln</u>		
20. FILED <u>4-15-1934</u> M. M. <u>Corwin</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14 1934

22. 4/7 HEREBY CERTIFY, That I attended deceased from 1934, to 4-14, 1934
I last saw him alive on 4-14, 1934. Death is said to have occurred on the date stated above, at 11:35 A.
The principal cause of death and related causes of importance were as follows:
Acute Suppurative Mastoiditis. Date of onset 4/4 '34
Lateral Sinus Thrombosis. 4/10 '34
Acute Suppurative Meningitis. 4/13 '34
(Septicemia)
82 B
2019
Other contributory causes of importance: 82 E

Name of operation Mastoidectomy, External. Date of 4/9 '34
Ligation jugular Vein Date of 4/12 '34
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) M. M. Corwin, M. D.
(Address) 1408 So. 2nd St., Kansas City, Mo.

