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.

REC'D FEB 20 1939

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

1357
Do not use this space.

370

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No.
(c) City Kansas City — (d) Street No. 4825 East 18th St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Grace MUEHLE.
(a) Residence, No. 4824 East 18th, Street. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur Muehle.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 23, 1904.

7. AGE: YEARS 34 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mosby Missouri.

FATHER
13. NAME: John Wolford.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Alice Ballew.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Missouri.

17. INFORMANT (ADDRESS): Mr. Arthur Muehle 4824 East 18th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 1/28/39. 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mellody-McGilley. K. C. Mo.

20. FILED Jan 28, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 45 A.M.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Pulmonary congestion
~~Cause unknown pending further investigation~~

Other contributory causes of importance:
Coronary Sclerosis
Chronic Myocardial Fibrosis

Date of onset: 93

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....

Do not know

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify .....
(Signed) [signature], M. D.
(Address) Gen Hosp; K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.