

AUG 4 1939

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

See also 26452-39

26453

Do not use this space.

1. PLACE OF DEATH

(a) County Peniscot Registration District No. 114
 (b) Township Godair Primary Registration District No. 58
 (c) City Portageville, Mo. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Herschel Muller

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Portageville, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Eugene Muller

14. BIRTHPLACE (CITY OR TOWN) Portageville, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Gladys Sutton

16. BIRTHPLACE (CITY OR TOWN) Portageville, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Eugene Muller
 (ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE July 4, 1939

19. FUNERAL DIRECTOR (NAME) R. M. Payne
 (ADDRESS) Portageville, Mo.

20. FILED 7-19 1939 May W. Cook
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939

22. I HEREBY CERTIFY That I attended deceased from June 28, 1939, to July 3, 1939.
 I last saw him alive on July 1, 1939. Death is said to have occurred on the date stated above, at 5 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Salitis
Secondary Septicemia
 Date of onset 6-27-39
 Other contributory causes of importance: Dehydration 12 h
 Date 7-1-39

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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) Raymond C. Leonard, M. D.
 (Address) Portageville, Mo.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 2/4/39

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 comply with the above constitutes grounds for revocation of license.)

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