

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 MAR 14 1940

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

7191

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 480
(b) Township..... Primary Registration District No. 4289
(c) City La Grange (d) Street No.
(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 3 yrs. 3 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 42. PRINT FULL NAME Ethel Aileen Mueller

(a) Residence, No. La Grange, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13th. 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 7 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Alexandria Missouri

13. NAME Joseph B. Rubel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Missouri

15. MAIDEN NAME Ella Jane Bartel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) A. H. Mueller La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fort Madison, Iowa Feb. 7th. 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. M. Roberts La Grange, Mo.

20. FILED 2/16/40 19 40 W. B. Bellamy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2 A.M. Feb. 5, 1940, to 3 P.M. Feb. 5, 1940.

I last saw her alive on Feb. 5, 1940. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset
1/25/40

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) W. B. Bellamy, M.D.

(Address) La Grange, Mo.

RECEIVED

District Health Officer No. 10

District File Number 3-40-567

Date Filed MAR 8 1940

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, _____

A.A. Roberts, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.