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

RECD FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1504

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 464

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4111 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether years, months or days)
In this community 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4111 South Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 58 years.

3. (a) PRINT FULL NAME Mrs. Ida Bertha Müller
3. (b) If veteran, name war No
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 Mr. Ernst F. Müller
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased June (Month) 3 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
70	7	27	hr. min.

9. Birthplace Pommern (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ------
FATHER
12. Name Herman Ebert
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Albertina Gruchow
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Ernest H. Müller
(b) Address 3001 Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1941 (Year)
(c) Place: burial or cremation Glenwood Cemetery
1111 1/2 Mi. S. W. Basehor, Kan.
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Jan 31 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th year 1941 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from for 8 yrs, 19..., to Jany 30, 1941; that I last saw her alive on Jany 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia — Duration
Due to 1334
Due to
Other conditions Pyelonephritis
(Include pregnancy within 3 months of death)
Major findings: Of operations None.
Of autopsy None

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
23. Signature Leo F. Pendleton (M. D. or other)
Address 933 Prof. Bldg. Date signed 1-31-41

(Licensed Embalmer's Statement on Reverse Side)

933 Independence Bldg
1:30-4

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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, fact should be so stated above.