S. No. 2
—1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17251

Registration District No. 399 | Primary Registration District No. 1602 | Registrar's No. 1913

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

8
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8

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: Wesley Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 Hours (Specify whether years, months or days)

In this community 55 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. 4004 Campbell Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----

3. (a) PRINT FULL NAME Mr. Robert L. Mutschler, Sr

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Betty A. Mutschler

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased December (Month) 13 (Day) 1870 (Year)

8. AGE: Years 70 | Months 5 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman - Retired

11. Industry or business For Self

FATHER

12. Name Ludwig Mutschler

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER

14. Maiden name Wilhelmina Oehlert

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant W. Mutschler

(b) Address 606 E 18th, KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 15-41 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1941 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from 5/12/41, 19__, to 5/13/41, 19__; that I last saw him alive on 5/13/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilation of Heart — Duration few min.

Due to: Myocarditis resulting from abscess of several teeth.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: no
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 Frederick A. Baldwin (M. D. or other) M.D.

Address 317 Argyle Bldg. Date signed 5/14/41 K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

317 Argyle Bldg.
2.

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C., Mo.

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

If this body is not embalmed, fact should be so stated above.