

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27290

State File No. 2948

Registrar's No.

FILED SEP 12 1941
Registration District No.

Primary Registration District No. 1007

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:
2950 TROOST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community ABOUT 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2950 TROOST 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ESTER ROSENTHAL MUELLER

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 WIDOWED
6. (b) Name of husband or wife MUELLER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years 75 Months - Days - If less than one day _____ hr. _____ min.

9. Birthplace 6 RUSSIA
(City, town, or county) (State or foreign country)

10. Usual occupation HOME DUTIES

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant P. GOODMAN
(b) Address 2950 TROOST

17. (a) BURIAL (b) Date thereof 8-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. CARMEL

18. (a) Signature of funeral director J. P. LOUIS FUNERAL HOME
(b) Address 3400 WOODLAND

19. (a) 8/4/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 27 to Aug 27, 1941
and that death occurred on the date and hour stated above.
Duration _____

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension without
regards
Due to Senile

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

Major findings: Of operations _____
Of autopsy 83A

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? _____

White at work? _____ (Specify type of place)
(Means of injury)

23. Signature [Signature] (M.D. or other)
Address 3426 E. 12 Date signed 8-4

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

10

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.

myself

Signed..... *Beit Logan*

Licensed Embalmer No. *3979*

P. O. Address..... *Kansas City, 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.