

No. 2
-1.4.41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29044**

Registration District No. **769**

Primary Registration District No. **0877**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Rural Union Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **77-0-21** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Martha Mueller

3. (b) If veteran, name war

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 **Adolph Mueller**

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

7. Birth date of deceased **July** (Month)

31 (Day) **1864** (Year)

8. AGE: Years **77** Months **0** Days **21**

If less than one day
hr. _____ min.

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

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Herman Koenig**

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

14. Maiden name **Jacob**

15. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernst Mueller**

(b) Address **Farrar Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Farrar Mo.**

18. (a) Signature of funeral director **Young's Sons**

(b) Address **Perryville Mo.**

19. (a) **8/28/41** (b) **Ben Halter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22**
year **1941** hour **1** minute **A** M.

21. I hereby certify that I attended the deceased from **January 29th, 1940** to **August 22nd, 1941**
that I last saw her alive on **8-20** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **Atherosclerosis**

Duration **1 month**
10 years

Due to _____
Other conditions (include pregnancy within 5 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Theodore Fischer** (M. D. or other) **D.H.D.**
Address **Attenburg, Mo** Date signed **8/28/41**

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

79
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79
0

598

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 *Edward C. Gamm*

Licensed Embalmer No. *2138*

P. O. Address *Permyville 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.