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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED NOV 28 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39093

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 138

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town Ralla Mo.  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town Ralla Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Evelyn Eugenia Mueller  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 24  
year 1941 hour 12 minute 10 A.M.

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 26, 1941 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 23 1941 to October 24 1941 that I last saw her alive on Oct. 23 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
2 29 hr. min.

Immediate cause of death Bronchopneumonia  
Due to ~~Ataxic Stomatitis~~ Hunger  
Duration 2 days  
2 mos.  
2 mos.

9. Birthplace Ralla Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 107

10. Usual occupation  
11. Industry or business  
12. Name Eugene Mueller  
13. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Olive Harges  
15. Birthplace Yancy Mills Mo (City, town, or county) (State or foreign country)

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabel Mueller  
(b) Address Ralla Mo.  
17. (a) Burial (b) Date thereof Oct. 25, 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Ralla

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?

18. (a) Signature of funeral director Mrs. Harry McCaw  
(b) Address Ralla Mo. 7th Olive  
19. (a) Oct. 25, 1941 (Date received local registrar) (b) Jos. F. Oyer (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury  
23. Signature James B. Jones (M. D. or other) M.D.  
Address Ralla Mo. Date signed Oct 29, 1941

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**