

3. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40998

State File No. _____

Registrar's No. 4676

Registration District No. 399

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.

(c) Name of hospital or institution:
Northeast Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Yrs 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Shirley MUEHLE.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 19th, 1927
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>14</u>	<u>5</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation School Girl

11. Industry or business _____

MOTHER FATHER

12. Name Arthur Muehle

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

14. Maiden name Grace Wohlford.

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

16. (a) Informant Arthur Muehle

(b) Address 5828 Perry Ave., K.C. Mo.

17. (a) Burial (b) Date thereof 12/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C. KS.

18. (a) Signature of funeral director Melody-McGilley
(b) Address K.C. Mo.

19. (a) Dec. 16, 41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 5828 Perry Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15,
year 1941 hour 3:05 minute 2 M.

21. I hereby certify that I attended the deceased from Dec 1, 1941
_____, 19____, to Dec 15, 19____, 19____,
that I last saw her alive on Dec 14, 1941 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis
Duration _____

Due to Unknown

Due to Unknown

Other conditions Uremia & Anemia
(Include pregnancy within 3 months of death)

Major findings: X

Of operations _____

Of autopsy none

1318

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) (a) Means of injury ⊙

23. Signature Dr. Frank E. Ray (M. D. or other) _____

Address 4316 E 9th Date signed 12-15-41

K.E. No

M. ...

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.....

[Handwritten Signature]

Licensed Embalmer No.....

2939

P. O. Address.....

LCC

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.