

DEC 31 1941 398
Registration District No. 398

Primary Registration District No. 5554-3019

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R# 6 - 25 and Hawthorne
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 52 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. R# 6 - 25 and Hawthorne
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country. no

3. (a) PRINT FULL NAME LOUISA S. A. Mueller

3. (b) If veteran, name war. —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1941 hour 5:30 minute 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 January 1, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from — 19— 19—
that I last saw Deputy Corv live on — 19—
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Purulent Bronchitis & Bronchiectasis

8. AGE: Years 73 Months 11 Days 13 If less than one day hr. min.

Due to Bronchiectasis

Due to Chronic Bronchitis

9. Birthplace Monroe, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions. —
(Include pregnancy within 3 months of death)

11. Industry or business —

12. Name Christian Keifer

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

14. Maiden name no record

15. Birthplace no record
(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 William Mueller

(b) Address Independence, Mo.

17. (a) Suicide (b) Date thereof 12/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Washington Cem.

18. (a) Signature of funeral director George C. Parson

(b) Address Independence Mo.

19. (a) Dec. 15, 41 (b) J. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Russell W. Ben (M. D. or other) —

Address Kadew Date signed —

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.....
Dean Owens....., Registered Apprentice No. *283*
working under my personal supervision.

Signed.....

Floyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address.....*Independence, 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.