

U. S. No. 2
M-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15146

State File No.

FILED MAY 21 1942

Registration District No. 680

Primary Registration District No. 5878

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Frohna Mo. Central & West
(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 81 Years
In this community 81 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Frohna Mo.
(d) Street No.
(e) Citizen of foreign country? 0
If yes, name country 0

3. (a) PRINT FULL NAME Johanna Christina 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 Ben. Mueller 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 29 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months Days If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Charles Sommer
13. Birthplace Germany
14. Maiden name Anna Beinlien
15. Birthplace Germany

16. (a) Informant Ernst R. Palisch
(b) Address Frohna Mo.

17. (a) Burial (b) Date thereof May 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frohna Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 5-2-42 (b) O. F. Preusse
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 3 minute 45A M.

21. I hereby certify that I attended the deceased from Jan 15 1942
4-30-1942 to 4-30-1942
that I last saw AT alive on 4-27-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to
Due to
Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy
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) (f) Means of injury 0
23. Signature O. F. Preusse (M. D. or other)
Address Frohna Mo. Date signed 5-1-42

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

79
0
0

RECEIVED

District Health Office No. 4
District File Number 542-618
Date Filed 5-14-42

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 Young*
Licensed Embalmer No. 2138
P. O. Address *Perryville 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.