

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1985  
State File No. ....  
Registrar's No. 229

Filed JUL 10 1942

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County: **Pettis**  
(b) City or town: **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1414 So. Park**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **36 Years** (Specify whether years, months or days)  
In this community: **36 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Fredrich Wilhelm Mueller**

3. (b) If veteran, name war: ..... 3. (c) Social Security No. ....

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Mary** 6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: **June 13 1863**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **0** Days **6** If less than one day hr. min.

9. Birthplace: **Cleve Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired**  
11. Industry or business: **City School**

MOTHER FATHER { 12. Name: **George P. Mueller**  
13. Birthplace: **Unkown**  
14. Maiden name: **Henrietta Vagalius**  
15. Birthplace: **Unkown**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Miss Freda Mueller**  
(b) Address: **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof: **6/23/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mem. Park**

18. (a) Signature of funeral director: **Geo. Dillard**  
(b) Address: **Sedalia, Mo.**

19. (a) **6/23/42** (b) **Mrs. Anna Berger**  
(Day received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo.** (b) County: **Pettis**  
(c) City or town: **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No.: **1414 So. Park**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country: .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**  
year **1942** hour **9:00** minute **2** M.

21. I hereby certify that I attended the deceased from **38** to **June 20** 19**42**  
that I last saw him alive on **May** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis** Duration **1 da**

Due to: .....

Due to: .....

Other conditions: **Hypertension**  
(Include pregnancy within 3 months of death)

Major findings: **Myocarditis**

Of operations: .....  
Of autopsy: **9/4**

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? .....

(Specify type of place) While at work: ..... (e) Means of injury: .....

23. Signature: **A. L. Walter** (M. D. or other) **M.D.**  
Address: **Sedalia Mo** Date signed: **6-23-42**

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-9-42

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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

*L. E. Bauldin*

Licensed Embalmer No.

*3867*

P. O. Address

*Sealain 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.