

FILED JAN 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4840

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Keokuk City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5828 Perry  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 35 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Keokuk Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5828 Perry  
(If rural, write location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Arthur R Muehle

3. (b) If veteran, name war no. 3. (c) Social Security No. 487-09-5111

4. Sex M 5. Color or race W 6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 9, 1904  
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation Baker

11. Industry or business same

12. Name Paul Muehle

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

14. Maiden name Margaret Branger

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

16. (a) Informant Mrs Fred Ellithorpe

(b) Address 2011 Collage

17. (a) Rural (b) Date thereof 12/28/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem  
Brook Mayberry  
(d) Address 2315 Elmwood  
Dec 27 1942 (M. M. Brown)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26  
year 1942 hour 1:30 minute 2 M.

21. I hereby certify that I attended the deceased from 10 to 10 1942  
that I last saw him alive on 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Guns shot wound of the abdomen  
demoperitoneum

Due to 116  
Due to 116  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy See above

Duration  
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) homicide  
(b) Date of occurrence 12/25/42

(c) Where did injury occur? 16-C. Mo. Jackson Co.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
While at work? at home Means of injury trauma by fire arms

23. Signature [Signature] (M. D. or other)  
Address 16-C. Mo. Date signed 12/26/42

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

MOTHER FATHER

**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.....

*Ray E. Snow 7*

Licensed Embalmer No. *25760*

P. O. Address *11 @ MD*

**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.**