

FILED MAY 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1857

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4314 Wyoming
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Emma A. Mueller

3. (b) If veteran, name war No

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 Edward Mueller

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

7. Birth date of deceased March 29 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Anton Amrein

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

14. Maiden name Julia Jung

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

16. (a) Informant Anton Amrein

(b) Address 4314 Wyoming

17. (a) Burial (b) Date thereof 4-20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 4-19-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him Deputy Coroner _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Fracture of left leg.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence Jan. 25 1943

(c) Where did injury occur? Kan City Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
at home sole

While at work No (Specify type of place) (e) Means of injury Trauma

23. Signature A. E. Cooper (M. D. or other) M.D.
W. E. Mc Coy Date signed 4/19/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 Clarence H. Childs
Licensed Embalmer No. 3473
P. O. Address 76 E. 100

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.