

FILED OCT 13 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4130

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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 3 Days

3. (a) PRINT FULL NAME Augusta Mutch

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Mutch

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

7. Birth date of deceased November 22 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 6
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name No Record

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

14. Maiden name No Record

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

16. (a) Informant Mrs. Elsie Wells

(b) Address Tuscon, Arizona

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 9-28-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Girard, Kansas

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 9-29-43 (Date received local registrar)

(b) J. E. Brown, Dep. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas

(b) County Crawford

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th.
year 1943 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 13,
1943 to Sept 28, 1943
that I last saw h. alive on Sept 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis acuta - (post epidemic type) - Rat bite fever.

Due to _____

Due to Acute hemorrhagic Septicemia in last week of illness

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

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature J. E. Brown (M. D. or other)

Address 152 Professional Bldg Date signed Sept 29

Duration 2 weeks

5 weeks

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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Dr. L. S. Milne

Vic 4238

Prof. B. C. G.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.