

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31497

BUREAU OF VITAL STATISTICS  
FILED OCT 15 1943  
Dr. Taylor 77

State File No. \_\_\_\_\_  
Registrar's No. 208

Registration District No. \_\_\_\_\_

Primary Registration District No. 5303

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Rural Jefferson Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D.#2, Jefferson City, Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ 10 years \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D.#2, Jefferson City, Mo  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Johanna 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 Married

6. (b) Name of husband or wife Bruno Mueller 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased January 8th, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 8 27 hr. \_\_\_\_\_ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Nicholas Linhardt

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Not known

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 7

16. (a) Informant Richard Mueller

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-7-1943 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thoma Goetz

(b) Address Jefferson City, Missouri

19. (a) 10-8-43 (Date received local registrar) (b) Thoma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 28<sup>th</sup> 1943 to Oct 5 1943  
that I last saw her alive on Oct 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Illeo Salitus

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 170a2

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Dr. Taylor M.D. (M. D. or other)  
Address Jefferson City Mo Date signed 10-6-43

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

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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 Fred P. Ruelle

Licensed Embalmer No. 3890

P. O. Address Jefferson City, 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.**