S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32243

Registration District No. 273 Primary Registration District No. 5914 Registrar's No. 87

79
0
0

1. PLACE OF DEATH:

(a) County Perry

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 21-2-21
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Rural Brazeau 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wilbert E Mueller

3. (b) If veteran, name war

3. (c) Social Security No. 487-28-3943

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 25 (Day) 1922 (Year)

8. AGE: Years 21 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation Saw Mill Work

11. Industry or business

FATHER
12. Name Edwin Mueller
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Grebing
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Edwin Mueller
(b) Address Wittenberg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Wittenberg Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 9-17-43 (Date received local registrar) (b) Thos G Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th
year 1943 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept. 15th 1943 to September 16th 1943
that I last saw him alive on September 15th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Ruptured Small intestine

Due to

Other conditions (Include pregnancy within 3 months of death) 195 e

Major findings:
Of operations
Of autopsy Ruptured small intestine

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) Accident 079
(b) Date of occurrence September 15th 1943
(c) Where did injury occur? (Near) Altenburg (City or town) Perry Co (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)
While at work? Yes (e) Means of injury Struck by wood

23. Signature Theodore Fischer (M. D. or other) M.D.
Address Altenburg, Mo Date signed 9-16-43

1326 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1043-2842

Date Filed 10-11-43

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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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.

OSCAR A. CARRON, M. D., D. N. B.
C. & L. Medico-Dental Building
PERRYVILLE, MISSOURI

Report of autopsy findings on Wilbert Mueller, held at 10:30 A.M. Sept. 16, 1943, at Young & Sons Funeral Home, Perryville, Mo., by Oscar A. Carron, M.D., Perryville, Mo.

Gross Findings:
Extensive contusions of left upper abdominal quadrant and left lumbar region. Abdomen distended and dull to percussion.

Peritoneal Cavity:
Abdomen opened and peritoneal cavity found to be filled with dark brown fluid having an offensive odor. Fluid removed from cavity. Abdominal organs examined and the following pathology found:

Rupture with complete separation of small intestine at junction of duodenum with jejunum.
Small laceration of spleen with small amount of hemorrhage.

Conclusion:
Immediate cause of death. - Shock .
Contributary Causes " .
Rupture of small intestine, as a result of accident.
Laceation of spleen, as a result of accident.

Signed Oscar A. Carron M.D.

ED

...ct Health Officer No.

...trict File Number

Date Filed