

FILED DEC 9 1944  
749

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

Primary Registration District No. 1002

Registrar's No. 4841

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:  
429 West 61st Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X  
(Specify whether)

In this community 1 year 6 months  
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. 429 West 61st Street  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Pauline Mueller

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29  
year 1944 hour 2:15 minute P. M.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Karl A. Mueller

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: May 2 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 21st 1943 to Nov. 29 1944  
that I last saw her alive on Nov 22 1944  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>27</u>	hr. _____ min.

Immediate cause of death Cancer of colon (cum) with intestinal obstruction and anemia. Duration 18 mos.

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Housewife

Other conditions 46  
(Include pregnancy within 3 months of death)

11. Industry or business X

Major findings: 46  
Of operations \_\_\_\_\_

12. Name Daniel Purath

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

14. Maiden name Suzanne Zinn

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

16. (a) Informant Karl A. Mueller

(b) Address 429 W. 61st St., Kansas City, Mo.

17. (a) Removal (b) Date thereof 12-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem, Pennsylvania

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-1-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

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 Joseph E. Eubel (M. D. or other) MD

Address 836 Prof. Bldg. Date signed 12/30/44

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

MOTHER FATHER

*Prof. Beard*

Dr. Jos. W. Welker

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 *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *Kansas 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.