. S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1945

Registration District No. 716

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6064

State File No.

Primary Registration District No. 3020

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: Lewis & 8th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington 36
(If outside city or town limits, write "RURAL")

(d) Street No. Lewis & 8th St. 2
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Shirley Marie Mueller.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased December (Month) 27th. (Day) 1938. (Year)

8. AGE:

Years	Months	Days	If less than one day
6	0	6	hr. min.

9. Birthplace Washington. (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation X

11. Industry or business X

FATHER
12. Name Arnold A. Mueller.
13. Birthplace Dutzow, (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Marie Miller.
15. Birthplace Bland, (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Arnold A. Mueller
(b) Address Lewis & 8th St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Pitt, Inc.
(b) Address Washington, Mo.

19. (a) January 4/1945 (Date received local registrar) (b) Lucille R. Brooks (Registrar's signature)

1181

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd. year 1945 hour 1:00 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov 1, 1943, to Jan 3, 1945, that I last saw her alive on Jan 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myelogenous leukemia	18 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

74a

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature B. G. Stuhlmann (M. D. or other) MD

Address Union Date signed 1-4-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 3-1-46

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 Lester H. Veth

Licensed Embalmer No. 3254

P. O. Address Washington, 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.