

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED MAY 7 1946

Registrar's No. **35**

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution Labadie R#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 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Labadie Mo. R#1
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA GESINA CAROLINE MUEHLER

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 3, 1944
to April 4, 1946

that I last saw h. or alive on April 3 1946
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Florus Muehler

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

7. Birth date of deceased January 21 1866
(Month) (Day) (Year)

Immediate cause of death metastatic carcinoma

Due to Carcinoma of uterus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 488

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

8. AGE: Years 80 Months 2 Days 13 hr. min.

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

10. Usual occupation Home Maker

11. Industry or business Own Home

12. Name Christian Kopp

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

14. Maiden name Barbara Peters

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

16. (a) Informant Mr. Richard Muehler

(b) Address Pacific, Mo. R#1

17. (a) Burial (b) Date thereof April 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Wilberg & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) 4/16/46 (b) Mary B. Gress
(Date received local registrar) (Registrar's signature)

Duration

Physician

Underline the cause to which death should be charged statistically.

23. Signature St. Munich (M. D. or other)

Address Washington Mo Date signed 4/5/46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-10-46

DEC 11 1946

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 A. Pitt
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.