

S. No. 2
DM-5-43
v. 5-17-39
I X36671

19845

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 146

FILED JUL 1 1946
Taylor 77
Registration District No. _____

Primary Registration District No. 5303

1. PLACE OF DEATH:
(a) County Cole
(b) City or town RURAL--Jefferson Twnshp
(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 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cole
(c) City or town Jefferson City Mo!
(If outside city or town limits, write "RURAL")
(d) Street No. Rd 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bruno Emil Mueller
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15
year 1946 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from
Mar 10 1943 to June 15 1946
that I last saw him alive on June 14 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased October 29 1858
(Month) (Day) (Year)

Immediate cause of death
Chronic Nephritis with edema
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
87 5 17 hr. min.

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Saxony Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings:
Of operations _____
Of autopsy 31
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Not Known
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Richard W. Mueller
(b) Address Jefferson City, Missouri

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? _____

17. (a) Burial (b) Date thereof June-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bayer View Semetery
18. (a) Signature of funeral director J. H. Ford
(b) Address Jefferson City, Missouri
19. (a) 6-21-46 (b) A. B. Harrison
(Date received local registrar) (Registrar's signature)

23. Signature A. B. Harrison (M.D. or other)
Address Jefferson City Mo Date signed 6-15-46

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

18720

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9

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RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-28-46

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 Omer H. Jones Jr.
Licensed Embalmer No. 4411
P. O. Address Johnson City

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.