

S. No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14035
Registrar's No. 34

FILED APR 17 1947
Registration District No. 179

Primary Registration District No. 4275

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Center St
(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 months
years, months or days

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

3. (a) PRINT FULL NAME Theodore Lee Muhleman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10
year 1947 hour 6 minutes 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Louise Muhleman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 29 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from after death, 19____, to _____, 19____; that I last saw him ~~her~~ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 0 12 hr. _____ min.

Immediate cause of death acute myocardial failure
Due to _____
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John G Muhleman
13. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Anshultz
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

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

16. (a) Informant E. D. Muhleman
(b) Address Marionville Mo.

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) Removal (b) Date thereof 4/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Next or Mo.

18. (a) Signature of funeral director J. B. Surridge
(b) Address Marionville Mo.
19. (a) 4/11/47 (b) Ora Mc Nath
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Months of injury 3
23. Signature Herman Surridge (Coroner)
Address Marionville Mo. Date signed 4/11/47

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

RECEIVED

District Health Officer No. 6,

District File Number 447-395-

Date Filed APR 14 1947

MAY 15 1947

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 Herman Hurridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.