FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27851

Registrar's No. 3500

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

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: St. Mary's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 hrs. (Specify whether

In this community: ----- 2 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson 48

(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No.: 4242 Wyoming 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Infant Muehlberger

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

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Child

6. (b) Name of husband or wife: ------

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

7. Birth date of deceased: August 13, 1947 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
--	--	--	2 hr. min.

9. Birthplace: Kansas City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: infant

11. Industry or business

FATHER

12. Name: George Muehlberger

13. Birthplace: K.C. Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Mary Engel

15. Birthplace: K.C. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: George Muehlberger

(b) Address: 4242 Wyoming

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Shawnee, Kas.

18. (a) Signature of funeral director: Thos. E. Quirk

(b) Address: 4316 Troost Ave.

19. (a) 8-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 45 day 13th year 1947 hour 2 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 13, 1947, to Aug 13, 1947 that I last saw her alive on Aug 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature infant	2 hrs
Due to: undetermined 5 months gestation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: 159	

PHYSICIAN

Underline the cause of 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

23. Signature: Leo A O'Brien (M. D. or other) M.D.

Address: 1002 Argyle K.C. Mo Date signed: 8-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas F. Zurk

Licensed Embalmer No. 3775

P. O. Address K.C. 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.