S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31762

Registration District No. 187 — Primary Registration District No. 3040 — Registrar's No. 128

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 Hrs. 28 Min. (Specify whether years, months or days)
In this community: ---

2. USUAL RESIDENCE OF DECEASED:
(a) State: Daviess & Mo. (b) County: Daviess
(c) City or town: Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Thomas LeRoy Muller
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ---
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 29 (Day) 1947 (Year)
8. AGE: Years | Months | Days | If less than one day: 12 hr. 28 min.
9. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business: ---

MOTHER FATHER
12. Name: Harry L. Muller
13. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Ethel M. Thornburg
15. Birthplace: Osborn County (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Harry L. Muller
(b) Address: Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Lick Fork Cemetery
18. (a) Signature of funeral director: Hope Funeral Home
(b) Address: Gallatin, Missouri
19. (a) Sept-30-47 (Date received local registrar) (b) Francis B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-29 day year 1947 hour 11 minute 40 P. M.
21. I hereby certify that I attended the deceased from 9-29, 1947, to 9-29, 1947, that I last saw ~~him~~ alive on 9-29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia Livida — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: NA
Of autopsy: No

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: 0
23. Signature: Floyd E. Nelson (M. D. or Other)
Address: Gallatin Date signed: 9-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 L. O. Nicherson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.