

No. 2
-1/47
5-17-39

9654

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948
Registration District No. 293

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 26

Primary Registration District No. 5914

79
0
1

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

1. PLACE OF DEATH:
(a) County **Perry**
(b) City or town **Frohna Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **67-8-12**
years, months or days)

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

3. (a) PRINT FULL NAME **Otto I. Mueller**
3. (b) If veteran, name war.....
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Mueller**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **January 12 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **2** **12** hr. min.

9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business.....
12. Name **Joseph Mueller**
13. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont Know**
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Mueller**
(b) Address **Frohna Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-8-1948**
(Month) (Day) (Year)
(c) Place: burial or cremation **Frohna Mo.**

18. (a) Signature of funeral director **Young & Sons**
(b) Address **Perennial mo**
19. (a) **4-7-48** (Date received local registrar) (b) **Joseph Mueller** (Registrar's signature) **250**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **4**
year **1948** hour **9** minute **30** L. A. M.
21. I hereby certify that I attended the deceased from **2-29**, 19**48**, to **4-4**, 19**48**
that I last saw him alive on **4-2**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy.....

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?..... (c) Manner of injury.....
23. Signature **Messiah Fischer** (M. D. or other) **M. D.**
Address **Helenburg** Date signed **4/7/48**

Duration **3 years**
PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 448-469

Date filed 4-10-48

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 Walter Young
Licensed Embalmer No. 4027

P. O. Address Perryville 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.