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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 9655

FILED APR 12 1948 3

Registration District No. 3 Primary Registration District No. 5916 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Longtown 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 years, months or days) 54-0-8
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Longtown Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rudolph E. Mueller
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Mueller
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 21 (Day) 1894 (Year)

8. AGE: Years 54 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Adolph Mueller
13. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name Martha Koenig
15. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Emma Mueller
(b) Address Longtown Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Longtown Mo.
18. (a) Signature of funeral director Youngers Sons
(b) Address Perryville Mo.
19. (a) 3-31-48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1948 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from 10 January, 1948 to 29 March, 1948 that I last saw him alive on 29 March, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death metastatic melanoma of lungs | about 14 months |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 53 | |
| Of autopsy | |

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 [illegible] (M. D. or other)
Address Perryville Mo. Date signed 31 March 1948

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

RECEIVED

Health Officer No. 4

File Number 448-46

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 Wallace 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.