

No. 500
FILED JUN 17 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20368

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2473

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 1 yr		d. STREET ADDRESS (If rural, give location) 2004 East 36th St. 353	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2004 East 36th St.			

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) M.	c. (Last) MUELLER	4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 50
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-24-1886	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Rev. C. H. Demetrio	13b. MOTHER'S MAIDEN NAME Emma W. Kruse	14. NAME OF HUSBAND OR WIFE Rev. Martin O. Mueller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. xx	17. INFORMANT'S SIGNATURE OR NAME Esther Singleton, 2004 E. 36 St. KC Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic lobar pneumonia		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lymphatic leukemia DUE TO (c)		8 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2040
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-1950, to 5-30-1950, that I last saw the deceased alive on 5-27-1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Watt (Degree or title) D. O.	23b. ADDRESS 3314 E. 43rd K.C. 4 Mo.	23c. DATE SIGNED 6-2-50
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 6-2-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Kansas City Mo.	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Wagner ADDRESS K. C. Mo	
DATE REC'D BY LOCAL REG. 6-2-50	REGISTRAR'S SIGNATURE Geraldine Holmes	

(Licensed Embalmer's Statement on Reverse Side)

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

33146 H.S.H.K.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Abner R. Nausschild

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

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.