

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>  |  |
| c. LENGTH OF STAY (In this place)<br><u>8 yrs</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>8447 Main Street</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>8447 Main Street</u>                                   |  | 34  |  |

|  |             |                          |  |
|--|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ELIZABETH</u> | b. (Middle) | c. (Last) <u>MUELLER</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5</u> <u>1</u> <u>1956</u> |
|--|-------------|--------------------------|--|

|                      |                               |  |                                   |   |                       |                     |                      |                     |
|----------------------|-------------------------------|--|-----------------------------------|---|-----------------------|---------------------|----------------------|---------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> DIVORCED (Specify) | 8. DATE OF BIRTH <u>9-11-1870</u> | 9. AGE (In years) (last birthday) <u>85</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
|----------------------|-------------------------------|--|-----------------------------------|---|-----------------------|---------------------|----------------------|---------------------|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At home</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Germany</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U S A</u> |
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| 13a. FATHER'S NAME<br><u>Peter Kramer</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Not known</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Martin Mueller</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Geo Campbell Kansas City, Mo.</u> |
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|---|--|-------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Coronary accident</u>  |             | <u>21 days</u>                   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Valvular a myocardial heart disease</u> |             | <u>years</u>                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Sanity</u>  |  | <u>331+</u> |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

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|--|--|---|
| 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) |
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|   |  |                            |
|---|--|----------------------------|
| 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 Sept. 1956, to May 1, 1956, that I last saw the deceased  alive on May 1, 1956, and that death occurred at 3:10 p m., from the causes and on the date stated above.

|   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>Esther Winkelman</u> (Degree or title) <u>MD.</u> | 23b. ADDRESS <u>7449 Broadway</u> | 23c. DATE SIGNED <u>May 2, 56</u> |
|---|-----------------------------------|-----------------------------------|

|   |                              |                                    |  |
|---|------------------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE <u>May 4, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State)<br><u>Quincy, Ill.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-2-56</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>E. A. Reising Kansas City, Ks.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jan 3 - 4435

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed George A. Reising

Licensed Embalmer No. 4468

P. O. Address Kansas City, Kansas

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.