28

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 27601
Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 408
Township: Marion — Primary Registration District No. 3020
City: Carthage (No. ; St. ; Ward)

2. FULL NAME Henry H. Muehling

(a) Residence. No. 232 N. Main St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Muehling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Insurance agent
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Lipeditmund, Germany

PARENTS

10. NAME OF FATHER Henry Muehling
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Sophia Englekering
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Annie Muehling
(Address) 232 N. Main, Carthage

15. FILED 8/28 1928 C. M. Kelchner
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from August 11 1928, to Aug 28 1928 that I last saw him alive on Aug 27 1928, and that death occurred, on the date stated above, at 8:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infection & Cellulitis
of lower jaw
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prostrate
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. M. Kelchner, M. D
Aug 28, 1928 (Address) Carthage, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Springfield, Mo.
DATE OF BURIAL Aug. 29 1928

20. UNDERTAKER Ulmer-Drake
ADDRESS Carthage