REC'D MAR 9 1939

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

5654
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
or
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 853
(d) Street No. General Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert J. MULLER.
(a) Residence, No. 4235 Jackson Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elsa Muller.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
36	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City
9. Industry or business in which work was done, as saw mill, bank, etc. Fireman.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alten Minnesota

FATHER
13. NAME James ~~Roman~~ Muller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark.

MOTHER
15. MAIDEN NAME Christine Zachariasen.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark.

17. INFORMANT (ADDRESS) Mrs. Elsa Muller 4235 Jackson.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maryville Mo. DATE 2/26/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley. K. C. Mo.

20. FILED 2/26 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-39 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19...
I last saw ... alive on ..., Death is said to have occurred on the date stated above, at 4.50 P.M.
Deputy Coroner
The principal cause of death and related causes of importance were as follows:

	Date of onset
1°-2°-3° burns of face body & extremities	
181	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-23-39, 19
Where did injury occur? K. C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gasoline explosion at
Nature of injury fire station

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify
(Signed) Carlton W. Fichter, M. D.
(Address) Gen Hosp; K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.