

1939 MAR 20 1939

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

6755
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398

(b) Township Blue Primary Registration District No. 5354

(c) City Independence (d) Street No. 1400 Willow St. _____

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Maggie A. Mueller

(a) Residence, No. 1400 Willow St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 William H. Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1874

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

65 0 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Farmington Iowa

FATHER

13. NAME Henry O. Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broton Iowa

MOTHER

15. MAIDEN NAME Fovina Trimble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broton Iowa

17. INFORMANT Miss Mary Evelyn Mueller (ADDRESS) 1400 Willow

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 23, 1939

19. FUNERAL DIRECTOR George C. Carson (ADDRESS) Independence Mo.

20. FILED 2-23-39 F. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1939, to 2/21, 1939

I last saw her alive on 2/21 7:20 1939 Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion
myocarditis ch

Date of onset

Other contributory causes of importance:

Name of operation Reported to coroner Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) W. L. Moore, M. D.

(Address) 10.207 Indip MO

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)