

Registration District No. **581** Primary Registration District No. **4343** Registrar's No. _____

69
 30

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

1. PLACE OF DEATH:
 (a) County **Monroe**
 (b) City or town **Monroe City**
 (c) Name of hospital or institution: **149 E. Dover St.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5** (Specify whether)
 In this community **23 yrs. 4 mo. 21 Ds**
 years, months or days

3. (a) PRINT FULL NAME **JAMES AUSTON MUELL**
300
3. (b) If veteran **no** **3. (c) Social Security**
 name war **2** No. _____

4. Sex **Male** **5. Color or** **White**
6. (a) Single, widowed, married, **divorced** **Married**
6. (b) Name of husband or wife **Julia** **6. (c) Age of husband or wife if**
 alive **71** years
7. Birth date of deceased **October 54 1866**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **21** If less than one day
 hr. _____ min.

9. Birthplace **Indian Creek Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Fur Buyer**

11. Industry or business _____

12. Name **J. J. Muell**

13. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)

14. Maiden name **Julia E. Barton**

15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ann Julia E. Muell**

(b) Address **Monroe City**

17. (a) Burial (b) Date thereof **Feb 28 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holy Rosary Cemetery**

18. (a) Signature of funeral director **Wilson & Son**

(b) Address **Monroe City, Mo. 513**

19. (a) Feb 28 1940 (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Monroe**
 (c) City or town **Monroe City Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **114 E. Dover St.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **26th**
 year **1940** hour **mid** minute **forty** a.m.

21. I hereby certify that I attended the deceased from
JAN 24 1940 to **FEB 26 1940**
 that I last saw him alive on **FEB 25 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Myocarditis

Due to _____
Due to _____
Other conditions _____
 (include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Harold P. Eccles** M.D. or other _____
Address **Monroe City** **Date signed** **2-27-40**

Duration _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-40-428

Date Filed MAR 4 1940

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis TN

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, above space should be left blank.