

INDEX SEP 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28465

Registration District No. 296

Primary Registration District No. 5413

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town RURAL UNION TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days 1 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town RORAK
(If outside city or town limits, write "RURAL")
(d) Street No. HOME RESIDENCE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ROBERT-HUBERT MUELLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased OCTOBER 31 1936
(Month) (Day) (Year)

8. AGE: Years 3 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace BEAUFORT MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name EDW. C. MUELLER

13. Birthplace BEAUFORT MO
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH SCHARWARTH

15. Birthplace JAPAN MO
(City, town, or county) (State or foreign country)

16. (a) Informant Edw C Mueller

(b) Address Beaufort Mo

17. (a) BORAK (b) Date thereof AUG 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funer Home

18. (a) Signature of funeral director E. H. Jensen

(b) Address Beaufort Mo

19. (a) August 23 1940 (b) Reis T. Howe MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1940 hour 3 minute 30 PM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning in Bourbon R. near

Due to _____

Due to Wading River alone

Other conditions (Include pregnancy within 3 months of death) _____

Major findings Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug 22 1940

(c) Where did injury occur? Wading Town near Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 8500r Farm

While at work? play (Specify type of place) (e) Means of injury none

23. Signature Phos. P. Thiffault MD (Specify type of place) (e) Means of injury none
Address Fullerton Mo Date signed 8/24/40

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

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

REGISTERED APPRENTICE

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.....

E. H. Temme

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. H. Temme

Licensed Embalmer No. *3076*

P. O. Address *Beaufort Mo*

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.