S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30517

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3274

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

048
3
8

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4628 Fairmount Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 Years / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 047
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4628 Fairmount Ave. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. CAROLINA MUEHLBERGER

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. John N. Muehlberger
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased August (Month) 15, (Day) 1876 (Year)

8. AGE: Years 65 Months 0 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Bavaria, (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Paul Baar
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant John N. Muehlberger
(b) Address 4628 Fairmount Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery
18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri
19. (a) 9/1/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1941 hour one minute 30 A M.

21. I hereby certify that I attended the deceased from about May 1938 to Aug 21 1941; that I last saw her alive on Aug 21 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Rupture of sclerotic vessel	28 hours
Due to arterio sclerosis with hypertension	3 years
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	3 years

Major findings:
Of operations ~~938~~
Of autopsy 938

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leo A. O'Brien (M. D. or other) M.D.
Address 801 1/2 W 39 st K.C. Mo. Date signed 8-31-41

(Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. 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, fact should be so stated above.