

LEO NEW 24 1942

Registration District No. 399Primary Registration District No. 1002

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:
Lakeside Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days 0
 (Specify whether
 In this community 40 Years
 years, months or days)

3. (a) PRINT FULL NAME PAUL ARTHUR MUEHLE3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Laura Muehle
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased May 12 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 25 hr. min.

9. Birthplace Saxony Germany 4
(City, town, or county) (State or foreign country)10. Usual occupation Grocer11. Industry or business 10th & Myrtle

MOTHER FATHER
 12. Name No Record
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Muehle
(b) Address 3831 East 9th St. Terrace

17. (a) Burial (b) Date thereof 12-9-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri19. (a) Dec 8 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 047
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3831 East 9th St. Terrace
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 1941 hour 6 minute 20 A.M.21. I hereby certify that I attended the deceased from December
3, 1941 1941, to December 7 1941.
that I last saw him alive on December 7, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac failure
and Pneumonia 6 daysDue to Chronic myocarditis
and PneumoniaDue to Hypertension, Fractured
rib, HerniaOther conditions Hypertension, Fractured
(Include pregnancy within 3 months of death)
Major findings: none
Of operations noneOf autopsy none

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

(a) Accident, suicide, or homicide (specify) 123
 (b) Date of occurrence 123
 (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 Charles A. Schwab (M. D. or other) J. D. O.
 Address 1102 East 47th Date signed 12-7-41

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.....

Kansas City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City
(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)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Paul A. Muehle

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day.....
year 1941 hour..... minute..... M.

4. Sex M 5. Color or race W 6. (a) Single, Widowed, married, divorced M

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

7. Birth date of deceased May 12
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him/her alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure and Pneumonia lobar and bilateral Duration.....

8. AGE: Years 70 Months 6 Days 15
(If less than one day in min)

Due to.....

Due to.....

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

Other conditions fracture rib
(Include pregnancy within 3 months of death)

10. Usual occupation.....

Major findings:
Of operations..... 1960

11. Industry or business.....

Of autopsy..... 18

12. Name.....

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

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

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

18. (a) Signature of funeral director..... (b) Address.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence December 2, 1941
(c) Where did injury occur? Kansas City Jackson Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - He became dizzy & fell against
While at work? No (Specify type of place)
basin (e) Means of injury

23. Signature Charles A. Schulz M.D. (Name of other).....
Address 1102 East 47th Date signed 1-29-42
Kansas City, Mo.

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

SUPPLEMENT

MOTHER FATHER

Micro

