

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

FILED AUG 6 1943
Registration District No. 19-22

Primary Registration District No. 11062

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 St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Hours
(Specify whether years, months or days)

In this community 10 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Montgomery Lew Muller

3. (b) If veteran, name war No

3. (c) Social Security No. None

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: September 7 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>10</u>	<u>89</u>	_____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Richard J. Muller

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

14. Maiden name Wanda Lee Perkins

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

16. (a) Informant Richard J. Muller

(b) Address 4136 Flora

17. (a) Burial Green Lawn Cemetery
(Burial, cremation, or removal)

(b) Date thereof July 19, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director D. N. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-17-43
(Date received local registrar)

(b) Dep. J. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4136 Flora Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Second degree burns
7/2 body 181-1

Due to _____

Due to _____

Other conditions 15
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Inspection of history

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

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

(b) Date of occurrence July 16, 1943 12:30

(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?

While at work No (Specify type of place) _____

(e) Means of injury Seat

23. Signature D. E. Upsher (M. D. or other) _____

Address 23rd Mo. City Date signed 7/16/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *H. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address..... *R. 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.