V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 172

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3034

State File No. 31255

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville, Mo.
(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
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

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

(d) Street No. 11 W. 23rd Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret (Ross) Mueller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter Mueller

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased December (Month) 7th (Day) 1863 (Year)

8. AGE: Years 80 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Ross
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Martha Corbin
(b) Address Higginsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Brand Cemetery

18. (a) Signature of funeral director as Hodge By M Hodge
(b) Address Higginsville, Missouri

19. (a) 9-7-1944 (Date received local registrar) (b) Dr. W. A. Braecklein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th year 1944 hour 3-30 minute P M.

21. I hereby certify that I attended the deceased from Sept. 2, 1944 to Sept 5, 1944; that I last saw her alive on Ten A.m., 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Cerebral Hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
About IYr.

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

83a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Charles E. Clark (M. D. or other) D.C.

Address Higginsville, Mo. Date signed 9-5-44

1169

(Licensed Embalmer's Statement on Reverse Side)

NOV 7 1946 RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-46

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 [illegible]

Licensed Embalmer No. 4269

P. O. Address Higginsville, 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.