

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1945
Registration District No. 209

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6536
Registrar's No. 1

Primary Registration District No. 3043

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

14
3
4

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Residence 3914 Market
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 3914 Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Muehring
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 27
year 1944 hour 6 minute 05 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hilkeline Kahlor
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 6, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 12
1944 to Dec. 27 1944
that I last saw him alive on Dec. 27 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 2 21 _____ hr. _____ min.

Immediate cause of death Myocardial failure
Due to Pneumonia Hypertensive heart disease
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Retired

MOTHER FATHER { 12. Name Bohle Muehring
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Hilkeline Kahlor
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant John Muehring
(b) Address Hannibal Missouri
17. (a) Burial (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hydesburg
18. (a) Signature of funeral director Wm M Smith
(b) Address 902 Broadway Hannibal
19. (a) 1-2-45 (b) R Sh Connor
(Date received local registrar) (Registrar's signature)

23. Signature E. A. Connor (M.D. or Other)
Address 412 Center St. Hannibal, Mo. Date signed Jan 1-1945

1146

(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.....

George T. Bond

Licensed Embalmer No: 373

P. O. Address..... Hannibal Missouri

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.