

FILED FEB 28 1946

Registration District No. _____ Primary Registration District No. **5573**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **Blue Springs (Rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Blk D Lot 11, Lake Tapawingo Sm-Bar**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX 5 1/2 a Day**
(Specify whether in hospital or institution)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **Block D Lot 11 Lake Tapawingo**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **MRS. CHRISTINE MUDER**

3. (b) If veteran, name war **XX**

3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Fritz Muder**

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

7. Birth date of deceased **March 25 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86	10	5	hr. min.
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9. Birthplace **Bremen Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **No Record**

MOTHER FATHER {

12. Name **No Record**

13. Birthplace **Germany**
(State or foreign country)

14. Maiden name **No Record**

15. Birthplace **Germany**
(State or foreign country)

16. (a) Informant **Mrs. Lillie Harper**

(b) Address **Lake Tapawingo**

17. (a) **Burial** (b) Date thereof **2-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **J. M. Wagner**
Kansas City, Mo.

(b) Address _____

19. (a) **2-1-46** **Mrs. John Lawson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **30th**
year **1946** hour **7:** minute **30** A.M.

21. I hereby certify that I attended the deceased from **2:30 P.M.** 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **suicide by drowning**

Due to _____

Due to _____

Other conditions **1648**
(Include pregnancy within 3 months of death)

Major findings: **Of operations**

Of autopsy **no**

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) **suicide**

(b) Date of occurrence **1-30-46**

(c) Where did injury occur? **Jackson and public place**
(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? **no** (e) Means of injury **drowning**

23. Signature **John Lawson** (M. D. or other) _____
Address **1424 W. 11th** Date signed **1-31-46**

JUL 20 1937

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.