

FILED FEB 11 1947

State File No. _____

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp Williamstownship
(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 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johan Fredrick Muller

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

4. Sex Male 5. Color, race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 2nd 1870
(Month) (Day) (Year)

8. AGE: 76 Years 9 Months 19 Days If less than one day
hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Dietrich Muller
13. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Luxton
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Muller
(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Jan 24, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Lutheran

18. (a) Signature of funeral director E. H. Eckhoff
(b) Address Cole Camp Mo

19. (a) FEBRUARY 5, 1947 (b) Pauline Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1947 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from 4-25-46
to 1-21-47
that I last saw him alive on 1-15-47
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
Due to Essential Hypertension

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy TO 2

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 2
23. Signature G. W. Moreland (M. D. or other) MO
Address Cole Camp, MO Date signed 1-22-47

Duration _____
Underline the cause to which death should be charged statistically.

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

CR-57-0
19-1-1
100113

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..... *E L Eickhoff*.....

Licensed Embalmer No. 730.....

P. O. Address..... Cole Camp 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.