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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1948

Registration District No. 46

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11681

Primary Registration District No. 4063

Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X X /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X X (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Hamilton, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Russell Ely Muller

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lena M. Muller

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April (Month) 5 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	11	21	XX hr. XX min.

9. Birthplace Davies Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Jacob Muller
13. Birthplace (City, town, or county) Switzerland 2 (State or foreign country)

MOTHER
14. Maiden name Mary Tuggle
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. F. E. Muller
(b) Address Hamilton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lick Fork Cem. Davies Co. Mo.

18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.

19. (a) Mar. 26, 1948 (Date received local registrar) (b) Wadys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 24 1948, to Mar 26 1948, that I last saw him alive on Mar 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pancreatic carcinoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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 J. D. Elder (M. D. or other) D.O.
Address Hamilton Mo. Date signed Mar 26, 1948

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Hamilton, 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.