

5-2  
5-43  
7-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33022  
Registrar's No. 4180

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Trinity Lutheran  
(d) Length of stay: In hospital or institution 1 1/2 days  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson 48  
(c) City or town Kansas City  
(d) Street No. 209 W 16th  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EDNA MARY MUELLER

3. (b) If veteran, name war - (c) Social Security No. 495-03-3988

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased October 20 1891

8. AGE: Years 56 Months 11 Days 23 hr. min.

9. Birthplace Thayer Missouri

10. Usual occupation Power Machine Operator

11. Industry or business Burlington Mfg Co.

12. Name Joseph Ary

13. Birthplace Tenn.

14. Maiden name Emma Payne

15. Birthplace Thayer Mo

16. (a) Informant Fred Mueller

(b) Address 209 W 16th

17. (a) Removal (b) Date thereof 10-14-1948

(c) Place: burial or cremation Thayer Mo.

18. (a) Signature of funeral director C.H. Blackman & Son Inc.

(b) Address 2825 Independence Blvd.  
19. (a) 10-14-48 (b) Geraldine Holmes

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 13 year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1948 to Oct 13 1948 that I last saw him alive on Oct 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 4 days  
Due to Hypertension 3 yrs  
Due to Arteriosclerosis 3 yrs

Other conditions: (Include pregnancy within 3 months of death) SW 93 D  
Major findings: Of operations  
Of autopsy: Hypertensive cardiovascular disease, hypostasis of heart, pulmonary embolism, gallbladder adenoma

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place)  
23. Signature M.D. Case M.D. Address 4000 Baltimore Date signed 10/13/48

Duration  
4 days  
3 yrs  
3 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

11/27 2011

**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.....

*D. H. H. H.*

Registered Apprentice No. 274

working under my personal supervision.

Signed *C. K. McFarland*

Licensed Embalmer No. 4397

P. O. Address *Kansas City*

**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.**