## Kentucky Post - February 26, 1947

MUCK—Charles, beloved husband of the late Elizabeth Muck (pee Toebbe), at his home, 1541 St. Clair-st. Covington, Tuesday, Feb. 25, 1947. Funeral Friday, Feb. 28, from the Hugenberg & Clindres Funeral Hame 40 W. Sirth Glindmeyer Funeral Home, 40 W. Sixth-st, Covington, at 8:30 a. m. Requiem High Mass Mother of God Church, 9 a. m. Intermnent Mother of God Cemetery.

> We have loved him during life, let us not abandon him in death.

## Jesus! Mary! Joseph!



In Your Charity, Pray for the Repose of the Soul of

## Charles C. Muck.

Born in Cincinnati, Ohio, on October 21, 1878, and departed this life in Covington, Kentucky, February 25, 1947, after receiving the last sacraments of the church.

## PRAYER :

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O gentlest Heart of Jesus, ever present in the Blessed Sacrament, ever consumed with burning love for the poor captive souls in Purgatory, have mercy on the soul of Thy servant Charles C., bring him from the shadows of exile to the bright home of Heaven, where, we trust Thou and Thy Blessed Mother have woven for him a crown of unfading giory, Amen.

Our Father, Hail Mary.

Our Father. Hail Mary. Sweet Heart of Jesus, be my love, -300 days indulgence.

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DEPARTMENT OF COMMERCE Departmen Thursts of the Consus  CERTIFICAT	H OF KENTUCKY  t of Health TAL STATISTICS  E OF DEATH  (Primer, y Registration District No
1. PLACE OF DEATH:  (a) County  (b) City or town  (c) Name I bospital or institution:  (d) Length of stay: In hospital or community  (see the state of stay: In hospital or community  (see the stay: In hospital or institution write street number or location)  (d) Length of stay: In hospital or community  (see the street of stay: In hospital or community  (see the street of stay: In hospital or community  (see the street of stay: In hospital or community  (see the street of stay: In hospital or community  (see the street of stay: In hospital or community  (see the street of stay: In hospital or community  (see the street of stay: In hospital or community  (see the street of stay: In hospital or content or stay: In hospital or content or stay: In hospital or content or stay: In hospital or st	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County (c) City or town (if outside city or flown limits, write RURAL) (d) Street No.  (e) If foreign born, how long in U. S. A.7  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. 1 hereby cortify that 1 attended the deceased from 19  10  21. 1 hereby cortify that 1 attended the deceased from 19  10  21. 1 hereby cortify that 1 attended the deceased from 19  10  21. 1 hereby cortify that 1 attended the deceased from 19  10  21. 1 hereby cortify that 1 attended the deceased from 19  10  22. 1 floath accuse of death  DURATION  Due to  Other conditions  (include pregnancy within 3 months of death)  Major findings. Of operations  Of autopsy  12. 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? in or about home, on farm, in industrial place, in public place?  (Specify type of place)  (Where did Injury occur? in or about home, on farm, in industrial place, in public place?  (Specify type of place)  (M. D. or follow)  Addres:  23. Signature  Addres:  Date signed  Date signed
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