

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25518
Do not use this space.

REC'D AUG 4 1938

1. PLACE OF DEATH
(a) County Jackson Registration District No. 398
(b) Township _____ Primary Registration District No. 3019 Registered No. 197
(c) City Independence, (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Ucker 260
(a) Residence, No. 318 E College St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Ucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 9 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
75 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Ohio

13. NAME Jacob Shrader 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

15. MAIDEN NAME Wilk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ed. Ucker
3401 Flora Ave KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary Ind 9mo DATE 7-23-38

19. FUNERAL DIRECTOR (ADDRESS) W. Mitchell
Independence, Mo.

20. FILED 7-25-38 J. R. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1938

22. I HEREBY CERTIFY that I attended deceased from May 1, 1931, to July 20, 1938
I last saw her alive on July 20, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
8201

Other contributory causes of importance:
Hemiplegia from
Cerebral Hemorrhage
May 1931

Name of operation None Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Coffey, M. D.
(Address) Independence, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)