

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39266**

Registration District No. **579**

Primary Registration District No. **4341**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Monroe**
(b) City or town **Madison**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **XX**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX** **2**
about 1 year (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Gertrude Uhlan**

8. (b) If veteran, **XX** name war _____ 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Wm. H. Uhlan** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct 2 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	I	I2	hr. _____ min.

9. Birthplace **Fayette Co. Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **XX**

MOTHER FATHER
12. Name **Daniel H. Horney**
13. Birthplace **Fayette Co Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Mahon**
15. Birthplace **Fayette Co Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Ruth Thompson**

(b) Address **Madison, Mo**

17. (a) **Burial** (b) Date thereof **II, 16, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Cemetery**

18. (a) Signature of funeral director **Mrs. Ruth Thompson**

(b) Address **Madison, Mo**

19. (a) **11/15/1940** (b) **Mrs. Ruth Thompson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Monroe**
(c) City or town **Madison**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **14**
year **1940** hour **5** minute **30** **PM**

21. I hereby certify that I attended the deceased from **Nov. 13**, 19**40**, to **Nov. 17**, 19**40**;
that I last saw her alive on **Nov. 13**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **acute Dilatation of heart** Duration **1 day**
Due to **Hypertension** unknown
Due to **arteriosclerosis** unknown

Other conditions (include pregnancy within 3 months of death) **99**

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? **512**
(Specify type of place) (e) Means of injury _____

23. Signature **M. D. or other** **Dr. J. M. ...**
Address **Madison** Date signed **11-20-40**

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.

RECEIVED

District Health Officer No. 10.

District File Number 12-40-4727

Date Filed Dec 2, 1940

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 Mrs. Ruth Thompson

Licensed Embalmer No. 3252

P. O. Address Madison, 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, above space should be left blank.