

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6885**
Registrar's No. **13**

REC'D MAR 17 1941

Registration District No. **297**

Primary Registration District No. **3016**

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days.
In this community 75 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Conrad Uhlenbrock.

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced (Single)

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March 23rd, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 8 hr. min.

9. Birthplace Washington, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter.

11. Industry or business House painting

12. Name Henry Uhlenbrock.
13. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kruse.
15. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry R. Uhlenbrock,
(b) Address 420 High St., Washington, Mo.

17. (a) Burial (b) Date thereof Feb. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Hepburn & Wittlwa, Gettysburg

(b) Address Washington, Missouri

19. (a) Feb. 1-1941 (b) H. C. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington.
(If outside city or town limits, write "RURAL")
(d) Street No. Fourth & Lafayette Sts.
(If rural, give location)
(e) If foreign born, how long in U. S. A? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st,
year 1941. hour 1:00 minute 15 A. M.

21. I hereby certify that I attended the deceased from January 27,
1941, to Feb. 1-1941;
that I last saw him alive on Jan. 31-1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration 5 days

Due to stroke
Due to

Other conditions Chronic bronchitis
(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?
Yes

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. A. May (M. D. or other) M.D.
Address Washington, Mo. Date signed 2-1-1941

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

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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 Me

Lester H. Vitt

Registered Apprentice No. _____

working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.