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FILED MAY 19 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 108

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 144 So Kensington (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME William Carl Uhlemann
3. (b) If veteran, name war none
3. (c) Social Security No. 487-09-6793
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Uhlemann
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Mar 21 1905 (Month) (Day) (Year)

8. AGE: Years 36 Months 0 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Chicago (City, town, or county) Ill (State or foreign country)
10. Usual occupation Machinist
11. Industry or business .....

MOTHER FATHER
12. Name William Uhlemann
13. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)
14. Maiden name Anna Frest
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Jennie Uhlemann
(b) Address 144 So Kensington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Thos. C. Foster
(b) Address 918 Brooklyn K.C. Mo
19. (a) Apr. 21, 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20 year 1941 hour 4 P.M. minute
21. I hereby certify that I attended the deceased from Mch 30, 1941, to Apr 20, 1941, that I last saw him alive on Apr 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Left Ventricle — Duration .....
Due to Coronary Occlusion — Duration 21 days
Due to Coronary Sclerosis — Duration 14 yr
Other conditions (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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature [illegible] (M. D. or other) M.D.
Address Independence Date signed 4-4

(Licensed Embalmer's Statement on Reverse Side)

11-12-72 m

5th. Floor First Nat Emb. Cor. Mo

Order 61.00

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Clair Sluppard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.