S. No. 2
M—9-4-41
5-17-39
I X294

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13457

State File No. 1646

FILED MAY 3 [redacted]

Registration District No. 49

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas city, mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3401 Flora ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas city, mo 8 (If outside city or town limits, write "RURAL")

(d) Street No. 3401 Flora ave (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME J. Edward Ucker

3. (b) If veteran, name war World War 7th Reg

3. (c) Social Security # 487-03-6712

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel M Ucker

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November (Month) 23 (Day) 1881 (Year)

8. AGE: Years 61 Months 4 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Shawnee (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation asst manager

11. Industry or business Badger Lumber Co

FATHER
12. Name Jacob Ucker
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Rachel Voohres
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Hazel Ucker

(b) Address 3401 Flora ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley

(b) Address Kansas city, mo.

19. (a) 4-6-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1943 hour 5:05 minute A.M.

21. I hereby certify that I attended the deceased from Aug 28, 1942 to Apr 4, 1943 that I last saw him alive on April 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ulcers of Stomach & Duodenum — Duration 8 mo

Due to — 11 a²

Due to —

Other conditions Stricture of Biliary Ducts (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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature J J Stephan M.D. (M.D. or other)

Address 1116 E. Armour Date signed 4-5-43

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1944

MAY 4 1943

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.....

Licensed Embalmer No. 2999

P. O. Address.....

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.