		·
. S. No. 2 0M5-42	DEPARTMENT OF COMMERCE STATE BOARD OF HIS BUREAU OF THE CENSUS STANDARD CERTIF	FICATE OF DEATH State File No. 21484
ev. 5-17-39 1 ×32873	NAMED OF DAMES	
42	Registration District No. Primary Registration Dist	
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
0 2	(a) County Henry (b) City or town Rural, Springfield Twsp.	(a) State Missouri (b) County Henry
, S	(If and idealing the series "OTIDAL" and some of some Man	(c) City or town Rural (I outside city or town limits, write "RURAL")
<u>22</u>	(c) Name of hospital or institution: Route # 1, Calhoun	W Street No. R. # 1, Calhoun
Z	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	(Ifrural, give location)
N N	In this community 62 years (Specify whether	(e) Citizen of foreign country?(Yes or No)
KN	years, months or days)	If yes, name country
O O A PERMANENT RECORD	3. (6) PRINTChristian Frederick Uhlenbock	Tuma 20
₹	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month Julie day 20 year 1943 hour 11:30 P. Mute. M.
MAKE	name war	21. I hereby certify that I attended the deceased from
7	5. Color or 6. (a) Single, widowed, married,	19.43 to June 70, 1943
INK-	4. Sex Male race Whitem Zaivorce Vidowed	that I last saw h. Mulive on They
	6. (6) Name of husband or wife 6. (c) Age of husband or wife if Henrietta Griefe Uhlenbock years	and that death occurred on the date and hour stated above. Duration
Š	Ostobom 4 1050	Chrone Tubusho
UNFADING BLACK	7. Birth date of deceased OG to Der 4 103/ (Month) (Day) (Year)	3
- U	8. AGE: Years Months Days If less than one day	Due to
- NI	85 8 16 hrmin.	
FAI	9. Birthplace. Stemen Germany 4	Due to
	(City, town, or county) (State or foreign country)	Other conditions 3 744
USE	10. Usual occupation Farmer	(Include pregnancy within 3 mb (theof death)
Ξ	11. Industry or business	Major findings:
Ż	13. Birtholace Stemmen, Germany 4	Of operations Underline the cause to
	CityTinemina Hagemanian country)	which death Of autopsy should be
PLAINLY	E 14. Maiden name	charged sta- tistically.
	Stemmen, Germany (City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:
VRITE	16 (e) Informant Willaim Uhlenbock	(a) Accident, suicide, or homicide (specify)
	(b) Address Calhoun, Missouri 17 (a) Burial (b) Date thereof 6-22-43	(b) Date of occurrence
1	17. (a) Burial (b) Date thereof 6-22-43 (Burial, cremation, or removal) (b) Tara (Moriba (Bart))	(City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Į.	(Burial, cremation, or removal) t. Olive (Moditaliet ery (c) Place: burial or cremation. Henry County. Lissou	ri
	18. (a) Signature of funeral director. Fiuston-Turner windsor, Missouri	While at work? (s) Means of injury
•	(b) Address "IndSOI, BISSOUII	23. Signature(M. D. or other)
	(b) Address 19. (c) June 30, 1943 (b) Mearain Kitchen (Date received local registrar) (Registrar's signoture) 9 K	AddressDate signed. 6-2 2
	(Licensed Embalmer's St.	atement on Reverse Side)

RECEIVED
District File Masser 6-43-6 y
Dete Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rev	verse side of this certificate was embalmed by me, or by	
	, Registered Apprentice No.	
working under my personal supervision.	, registered apprenties 110	

Signed Ellell guston

Licensed Embalmer No. 339/

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.