

SFP 10 1943

Registration District No. 101

Primary Registration District No. 5404

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

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural Fairley
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Jane M Uchtman

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

4. Sex female / race w 5. Color or w
6. (a) Single, widowed, married 2 divorced widowed
(b) Name of husband or wife William H. Uchtman 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Apr. 3 1970
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Monroe Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Wesley King
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alonso Uchtman
(b) Address Manassett Mo.

17. (a) Rural (b) Date thereof July 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Way Cemetery

18. (a) Signature of funeral director Blaine Roloff
(b) Address ava mo.

19. (a) 8-1-43 (b) Thelma Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1943 hour 7:11 minute 53 P.M.

21. I hereby certify that I attended the deceased from Jan 1st
19 42 to July 10 19 43
that I last saw her alive on July 5 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension
Due to Chronic Valvular Heart Disease

Other conditions (Include pregnancy within 3 months of death) Chronic Valvular Heart Disease
Major findings: 92d
Of operations.
Of autopsy.

Duration

5 days

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) (c) Means of injury 2
23. Signature W.A. Zimmerman (M.D. or other) 2
Address Manassett Mo Date signed 7/10/43

1056

RECEIVED

District Health Officer No. 6,

District File Number 843-928

Date Filed 5 21 1953

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 Denver Roller
Licensed Embalmer No. 4006
P. O. Address avq, 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.