

FILED FEB 17 1945

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

5357

642

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4528 Chestnut  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution XX  
(Specify whether  
 In this community 50 years  
years, months or days)

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. 4528 Chestnut  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. MARY J. SPARR UFFELMAN

(b) If veteran, name war XX (c) Social Security No. None

4. Sex Fe 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife Fred Uffelman  
 (c) Age of husband or wife if alive XX years

7. Birth date of deceased October 31 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 7  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name No Record

13. Birthplace " "  
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Hodkin  
(City, town, or county) (State or foreign country)

15. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Fuller

(b) Address 4528 Chestnut

17. (a) Burial (b) Date thereof 2-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. M. Wagner  
 (b) Address Kansas City, Mo.

19. (a) 2-8-45 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th  
 year 1945 hour 8: minute 30 A. M.

21. I hereby certify that I attended the deceased from July 13 1944 to Feb 8 1945  
 that last saw her alive on Feb 8 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus  
 Duration about 1 1/2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 485  
 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 0

23. Signature E. J. E. Evans (M. D. or other) M.D.  
 Address 911 William City Date signed 2/8-45

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

11 - 44 30  
for add being, Body - until 1:00 PM.

**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 Cecil R. Matthes  
Licensed Embalmer No. 3807  
P. O. Address Kansas City, 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.