

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1945

Registration District No.

Primary Registration District No. 5570

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Levasy Jackson Co. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At home of her daughter  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community one year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Levasy 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Minnie Uthlaut

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

4. Sex Female 5. Color or race wh  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Mr. Fred Uthlaut  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 21 1853  
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tieklenburg-Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation hswf her home work

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Henry A. Borgman Germany  
13. Birthplace Tieklenburg-Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Henrica Nendiaker  
15. Birthplace Tieklenburg-Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Theo Stoenner  
(b) Address Levasy Mo.

17. (a) burial (b) Date thereof 3-26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levasy Cemetery

18. (a) Signature of funeral director V.M. Rappert  
(b) Address Buckner Mo.

19. (a) 3-24/1945 (b) V.M. Rappert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23  
year 1945 hour 11 minute 45 PM

21. I hereby certify that I attended the deceased from Feb 25, 1945 to March 23, 1945  
that I last saw him alive on Mar 23, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation  
Due to X

Due to X

Other conditions X  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations X  
Of autopsy X

Duration

Several Months

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? X (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J.M. Robinson (M. D. or other) \_\_\_\_\_  
Address Buckner Mo. Date signed 3/24/45

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

1800

1161

**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. \_\_\_\_\_

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.**