

FILED APR 10 1946
Registration District No. **149**

Primary Registration District No. **1002**

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

8658

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

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

(c) Name of hospital or institution: 1427 Van Brunt /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XX (Specify whether years, months or days)

In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1427 Van Brunt 8
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME: ROBERT ULRICH

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30
year 1946 hour 7:00 minute P. M.

4. Sex: Ma 0

5. Color or race: Wh

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

6. (b) Name of husband or wife: Bertha Ulrich

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: August 8 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 29 1946, to Mar 30 1946,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	83	7	22	hr. min.

Immediate cause of death: Broncho Pneumonia

Due to: Cardiac dilatation

Duration: 10 days

9. Birthplace: Saatz Austria 4
(City, town, or county) (State or foreign country)

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

Due to: _____

10. Usual occupation: Retired Merchant

11. Industry or business: _____

12. Name: William Ulrich

13. Birthplace: Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name: Marie Schneider

15. Birthplace: Austria 4
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Bertha Ulrich

(b) Address: 1427 Van Brunt

17. (a) Removal (b) Date thereof: 4-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. John's Cem. KCK

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? _____

18. (a) Signature of funeral director: J.W. Wagner

(b) Address: Kansas City, Mo.

19. (a) 4-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: Ottchar Bohman (M. D. or other)

Address: 900 Dials Bldg. K.C. Mo. Date signed: 4-1-46

Private Property
11-2966
6016 Riverside Park
5

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

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.