

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27977

FILED AUG 26 1947 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3485

1. PLACE OF DEATH:

(a) County Kansas

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

(c) Name of hospital or institution:
Newbern Hotel, 525 E. Armour /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)

In this community 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Lulu B. Uhrich

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Frank Uhrich

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

7. Birth date of deceased October 8 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name John W. Akers

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

14. Maiden name Christena Gallagher

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

16. (a) Informant Mrs. Nathan Trotter,

(b) Address 5270 W. 67th, Overland Park, Kansas

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 8-13-47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-13-47 (Date received local registrar)

(b) Sheldine Holme (Registrar's signature)

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. Newbern Hotel, 525 E. Armour
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1947 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from Brown, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency

Due to Arterio sclerosis

Due to _____

Other conditions 950
(Include pregnancy within 3 months of death)

Major findings:
- Of operations _____

Of autopsy History & Inspection

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 _____

23. Signature James Walker (M. D. or other) Brown

Address 1424 Myrtle Date signed 8-13-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *J. Clair Sheppard*
.....
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.