

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18667

FILED JUN 24 1948

Registration District No. 22

Primary Registration District No. 4042

Registrar's No. 44

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town LUTESVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MOUSER NURSEING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 MONTHS
(Specify whether
In this community LIFE TIME
years, months or days)

3. (a) PRINT
FULL NAMEMARGARETHA UHL

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex FEMALE
5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

MAY - 2 - 1869
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

7915

hr. _____ min.

9. Birthplace

COLLINSVILLE ILL
(City, town, or county) (State or foreign country)

10. Usual occupation

HOUSE WIFE

11. Industry or business

HOME

12. Name

JOHN JOB.

13. Birthplace

GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name

KATHERINE KRESS

15. Birthplace

GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant

JOHN ALBERT UHL

(b) Address

CAPE GIRARDEAU MO17. (a) ENTOMBMENT
(Burial, cremation, or removal)(b) Date thereof 6-10-1948
(Month) (Day) (Year)

(c) Place: burial or cremation

MAUSOLEUM

18. (a) Signature of funeral director

Walther's Funeral Home

(b) Address

Cape Girardeau MO19. (a) June 1948
(Date received local registrar)(b) Willie Dautenburgh
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 610 WILLIAM ST
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1948 hour 10:00 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on June 6, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Infarction
Cerebral Hemorrhage

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

John J. Morris (M. D. or other)

Address

Butteville Mo. Date signed 6/11/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

File Number 648-80

dated 6-23-

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

Richard O. Loring

, Registered Apprentice No. 502

working under my personal supervision.

Signed

Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address

Cape Girardeau - 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.