

**FILED** JUN 14 1945

Primary Registration District No. 3023

Registrar's No. 132

1. PLACE OF DEATH: Henry  
 (a) County Rural  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: Windsor Township  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution 27 Months (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME: Ardelia Uhlenbock  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife: Anton Uhlenbock 6. (c) Age of husband or wife if alive: 79 years  
 7. Birth date of deceased: February 26, 1874  
 (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Indiana /  
 (City, town, or county) (State or foreign country)

10. Usual occupation: at home

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

MOTHER FATHER { 12. Name: Isaac Newton Taylor  
 13. Birthplace: Indiana /  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Anna Gamble  
 15. Birthplace: Indiana /  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Anton Uhlenbock  
 (b) Address: Windsor, Missouri

17. (a) burial (b) Date thereof: June 20, '45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director: Huston-Turner  
 (b) Address: Windsor, Mo.

19. (a) June 28 (b) Myrtle Knowlton  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Henry <sup>42</sup>  
 (c) City or town: Rural Windsor Township  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (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 18th  
 year 1945 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from June 18, 1945, to June 18, 1945.  
 that I last saw him alive on June 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Obstructive Cancer  
 Duration \_\_\_\_\_

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

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

Major findings: \_\_\_\_\_  
 Of operations: H&A  
 Of autopsy: \_\_\_\_\_  
 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) (r) Means of injury \_\_\_\_\_

23. Signature: Myrtle Knowlton (M. D. or \_\_\_\_\_)  
 Address: Windsor, Mo. Date signed: June 28, 1945

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

RECEIVED  
District Health Officer No. 7,  
District File Number 6-45-674  
Date Filed 7-12-43

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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 William Huston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.**