

FILED OCT 22 1945

Registration District No. 137

Primary Registration District No. 3023 4218

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Windsor Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anton Uhlenbock

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ardelia Garland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business farming

12. Name Wilhelm Uhlenbock

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

14. Maiden name Wilhelmina Hogeman

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

16. (a) Informant Wm. Uhlenbock
(b) Address Calhoun, Missouri

17. (a) burial (b) Date thereof Aug. 31, '45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery Huston-Turner

18. (a) Signature of funeral director _____
(b) Address Windsor, Mo.

19. (a) Sept 19-1945 (b) R. H. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1945 hour 12 noon minute _____ M. _____

21. I hereby certify that I attended the deceased from June 1944 to Aug 25 1945
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2.

Due to _____

Due to _____

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

Major findings: Of operations (signature)

Of autopsy _____

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 (signature) (M. D. or other) _____

Address (signature) Date signed 8-30

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
20

1452

RECEIVED

Officer No. 7,
9-45-1028
Date Recd. 10-18-45

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 *Edw. J. ...*

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.