

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

42927
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township 1 Primary Registration District No. 3008 Registered No. 329
 (c) City Fulton (d) Street No. State Hospital # 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY UHLAUT

(a) Residence, No. Chamais, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Louis Uhlaut
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 8 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamais, Mo.

FATHER 13. NAME Frederick Ruff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Mary Krauman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morrison, Mo.

17. INFORMANT (ADDRESS) Hospital Records, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek Cemetery DATE Dec 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto T. Stockrich, Chamais, Mo.

20. FILED 12/14 1939 R. T. Crews, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1939, to Dec. 14, 1939.
 I last saw h. alive on Dec. 14, 1939. Death is said to have occurred on the date stated above, at 4:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Katherine Shirley, M. D.
 (Address) State Hospital # 1, Fulton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Otto T. Stocksick

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Otto T. Stocksick

Licensed Embalmer, No.....

1902

P. O. Address.....

Chambers mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.