V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 42 — Primary Registration District No. 1100 — Registrar's No. 955

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

11
1
2

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution: Hobley Nurses Home, 4 1823 No.2nd.Str (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 69 yrs. 8 mos. 26 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri, (b) County Buchanan, 1

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL") 2

(d) Street No. 1203 Francis Street, (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Albert Peter Uhlinger,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Lillian Uhlinger,

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

7. Birth date of deceased January 10th. 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	26	hr. min.

9. Birthplace Saint Joseph, Missouri, 0 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Retail Furniture, Rugs

FATHER
12. Name Peter Uhlinger,
13. Birthplace Unknown, Switzerland 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Zanesville, Ohio, 1 (City, town, or county) (State or foreign country)

16. (a) Informant August H. Uhlinger

(b) Address 220 North 17th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery

18. (a) Signature of funeral director Heaton-Br Gale & Bowman Funeral

(b) Address 319 So.10th. Street, Home

19. (a) 10-8-42 (Date received local registrar) (b) Rose Hergog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th, year 1942 hour 6:00 minute 30 a M.

21. I hereby certify that I attended the deceased from September 23, 1942 to , 19 ; that I last saw him alive on 10/1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon Secondary anemia

Due to Senility Prior Sept 23 42

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46e

Of autopsy

Duration

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Clifton Smith (M. D. or other)

Address 218 N 7th Date signed 10/7/42

283 (Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph 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.