

FILED AUG 13 1945
187

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3235

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 24 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Hotel, 1201 Washington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Edmond Uland

3. (b) If veteran, name war No 3. (c) Social Security No. 486-03-9201

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elva Uland 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 12 23 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Maintenance Work

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Uland
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Alice Anderson
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Clarisse Uland
(b) Address 3206 East 30th. Street
17. (c) Burial (b) Date thereof 8-2-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 8-1-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st.
year 1945 hour 8 minute 30 P. M.

21. I July certify that I attended the deceased from July 31 to August 31, 1945
August 30th 1945 to August 31, 1945
that I last saw him im alive on August 31st. 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to arteriosclerosis & coronary sclerosis.
Due to _____

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

Major findings: 95C²
Of operations _____
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? _____

23. Signature Ray Phelps (Specify type of place) _____
While at work? Yes Means of injury _____
Address New Hope Date signed 8-1-45

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

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 Cortland Munro

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.