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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6047 ✓

FILED FEB 20 1946

Registration District No. 7 Primary Registration District No. 5568 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural (Blue Springs) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 42nd + 40 Highway (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community About 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 2 Mi North of Raytown on Highway #40 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christian Miller Ulrich
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Ulrich
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Nov. (Month) 29 (Day) 1862 (Year)

8. AGE: Years 83 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Retired Picnic Park operator
11. Industry or business

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

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

16. (a) Informant Mrs. Emma Ulrich
(b) Address 42nd + 40 highway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Brooking Cemetery
18. (a) Signature of funeral director Clark Hegert
(b) Address Raytown Mo.
19. (a) 1-23-46 (Date received local registrar) (b) James W. Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 22 year 1946 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from JAN 22 1946 to JAN 22 1946 that I last saw h. alive on JAN 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL DEGENERATION WITH DECOMPENSATION. — Duration 2 WKS
Due to CHRONIC HYPERTENSION WITH CHRONIC INTERSTITIAL NEPHRITIS 10 YRS.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 1310

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
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 1-23-46

132 (Licensed Embalmer's Statement on Reverse Side)

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

5030

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.....Ellank Hegert

Licensed Embalmer No. 3983

P. O. Address.....Raytown, 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.