

FILED JAN 27 1947

Registration District No. **55**

Primary Registration District No. **5572**

Registrar's No. **7**

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

1. PLACE OF DEATH:
 (a) County **JACKSON**
 (b) City or town **Rural Prairie**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Home 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **15 yr**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Martin Uhliar**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Eva Hole Uhliar**
 6. (c) Age of husband or wife if alive **12** years
 7. Birth date of deceased **12-16-1866**
(Month) (Day) (Year)

8. AGE:
 Years **80** Months **0** Days **27**
 If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER
 12. Name **Unkown**
 13. Birthplace **Unkown**
(City, town or county) (State or foreign country)
 14. Maiden name
 15. Birthplace **Unkown**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs Susanna Fann**
 (b) Address **1422 N. Pleasant Indip. Mo**

17. (a) Burial (b) Date thereof **1-15-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lees Summit Mo**

18. (a) Signature of funeral director **D. B. Langford**
 (b) Address **Lees Summit Mo**

19. (a) JAN. 14, 1947 (b) **Small C. Samshaw**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Cement City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Local**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **13**
 year **1947** hour **3** minute **9** M.
21. I hereby certify that I attended the deceased from
Jan 1 19**47** to **Jan 13** 19**47**
 that I last saw him alive on **Jan 12** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations **16**
 Of autopsy.....
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?
 While at work? (Specify type of place) (e) Means of injury.....

23. Signature **J. W. Greese** (M. D. or other)
 Address **Independence Mo** Date signed **1/16/47**

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 W.B. Langford

Licensed Embalmer No. 3833

P. O. Address Leis Summit Dr

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.