

Registration District No. **44** Primary Registration District No. **5147**

**1. PLACE OF DEATH:**  
 (a) County **Baldwell**  
 (b) City or town **Rural - Bragimer**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Baldwell 13**  
 (c) City or town **Rural - Bragimer**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **0** (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country

**3. (a) PRINT FULL NAME** **CLARA BISEL UHLAND**  
 (b) If veteran, name war: **-**  
 (c) Social Security No. **-**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **3~~5~~** day **April** year **1947** hour **-** minute **-** M.  
**21. I hereby certify that I attended the deceased from** **April 1, 1947, to April 3, 1947**  
**that I last saw her alive on** **April 3, 1947**  
**and that death occurred on the date and hour stated above.**  
 Immediate cause of death **Broncho Pneumonia 48 hrs**

**4. Sex** **F** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** **Edward C. Uhlund**  
**6. (c) Age of husband or wife if alive** **Deceased** years  
**7. Birth date of deceased** **Oct. 26, 1861**  
 (Month) (Day) (Year)

Due to **Acute Primary Pneumonia unknown**  
 Due to

**8. AGE:** Years **85** Months **5** Days **7** If less than one day **-** hr. **-** min.

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: **101**  
 Of operations  
 Of autopsy

**9. Birthplace** **Brackenridge, Ill.** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Season wife**

**MOTHER FATHER**  
**11. Industry or business**  
**12. Name** **Lewis P. Bisel**  
**13. Birthplace** **Ill.** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Lidia Morgan**  
**15. Birthplace** **Ill.** (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Fred Uhlund**  
**(b) Address** **Bragimer, Mo.**  
**17. (a) Burial** (b) Date thereof **April 6, 1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Brackenridge, Mo.**  
**18. (a) Signature of funeral director** **Gene C. Michael**  
**(b) Address** **Bragimer, Mo.**  
**19. (a) 4-11-47** (b) **Mrs. Nell B. Jones**  
 (Date received local registrar) (Registrar's signature)

**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 **2**  
**23. Signature** **John R. Frank** (M. D. or other)  
**Address** **Bragimer, Mo.** **Date signed** **4/5/47**

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

AUG 9 1948

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.