. S. No. 2
M—8-43
v. 5-17-39
P 1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31493

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3988

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 40 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 409 E. Armour Boulevard 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME John H Ullmann

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife MACEY ULLMANN

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

7. Birth date of deceased 12 (Month) 11 (Day) 1889 (Year)

8. AGE: Years 57 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business

FATHER
12. Name MICHAEL ULLMANN 1
13. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FRANCES LINDNER 4
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Micol,
(b) Address 409 E. Armour, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-21-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ VALDESE, N. C.

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19
year 1947 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from April 1947, 19, to Sept 19, 1947
that I last saw him alive on 9-18-47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	
Due to Carcinoma of stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death) 4 lb	

Major findings:
Of operations Carcinoma stomach. metastatic — to lymph nodes.
Of autopsy Same —

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 R. R. Coffey (M. D. ~~or other~~)
Address 1103 Grand Date signed 9-19-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Coffey

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 Robt H Reed

Licensed Embalmer No. 3746

P. O. Address K. C. 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.