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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 7 1948  
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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36924

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4562

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. Lukes Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 days  
 In this community 25 YEARS  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES Edward Ulery  
 3. (b) If veteran, World War I name war no.  
 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Anne Ulery  
 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 19, 1893  
 (Month) (Day) (Year)

8. AGE: Years 55 ~~56~~ Months 7 Days 17  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Home Fire Insurance

11. Industry or business X

MOTHER FATHER {  
 12. Name John Allen Ulery  
 13. Birthplace Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Freed  
 15. Birthplace Indiana  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anne Ulery  
 (b) Address 429 East 70th Terrace, K. C., Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-8-48  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Girard Kans.

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

19. (a) 11-8-48 (Date received local registrar)  
 (b) M. G. Holmes (Registrar's signature)

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. 429 East 70th Terrace,  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
 year 1948 hour 2: minute 05 A. M.

21. I hereby certify that I attended the deceased from pathologist, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Mural Thrombosis of heart  
 Due to Coronary atherosclerosis.

Other conditions (Include pregnancy within 3 months of death) ab.

Major findings: Of operations \_\_\_\_\_  
 Of autopsy same.

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 E.C.H. Schmidt (M. D. or other) \_\_\_\_\_  
 Address St. Louis Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

6700-1948

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

DEC 7 1964

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**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.....

*H. J. Allen*  
.....  
Licensed Embalmer No. 1415  
P. O. Address 17 © 1964

**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.**