

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED SEP 26 1949

State File No. **29857**

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5428</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spring Bluff, Mo. Boone</u>		c. LENGTH OF STAY (In this place) <u>2 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald, Missouri</u>		<u>360</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>CAROLINA</u>			a. (First) <u>3</u>		b. (Middle) <u>*</u>		c. (Last) <u>UTHMANN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 7, 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>Sept 23, 1885</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>		11. IF UNDER 24 HRS. Hours <u>14</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife, retired</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Micklenberg, Germany</u>		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Frederick Weirich</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Schroeder</u>		14. NAME OF HUSBAND OR WIFE <u>John Henry Uthmann</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sam Otte, Gerald, Missouri</u>				
15. ADDRESS								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <input checked="" type="checkbox"/>								
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MISSOURI</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>July 14, 1949</u> to <u>Aug 7, 1949</u>, that I last saw the deceased alive on <u>Aug 6, 1949</u>, and that death occurred at <u>2 a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. L. Matthews, M.D.</u>				23b. ADDRESS <u>Beaufort Mo 8-9-49</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 9 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Champion City, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Champion City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-9-49</u>		REGISTRAR'S SIGNATURE <u>G. L. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ernest R. Otter, Gerald, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 20 1949
District Health Officer No. 9,
District File Number

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

Student Embalmer No.

working under my personal supervision.

Signed *Ernest P. Ottman*

Signed Student Embalmer

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.