

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25356

FILED JUL 16 1953

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 283

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
c. CITY OR TOWN Rural (Blue)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 42nd & #40 Highway		e. STREET ADDRESS (If rural, give location) 42nd & # 40 Highway 7000	
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Rosenkranz c. (Last) Ulrich			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 25 1865
9. AGE (In years last birthday) 87		10. MONTHS 10	11. DAYS 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Karl Rosenkranz	
13b. MOTHER'S MAIDEN NAME Dora Wried		14. NAME OF HUSBAND OR WIFE Christian M. Ulrich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kurt Boisen ADDRESS -----
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis with hemaplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) Atherosclerosis 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332 X	
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)	
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>May 8, 1953</u> , to <u>July 7, 1953</u> , that I last saw the deceased alive on <u>July 7, 1953</u> , and that death occurred at, <u>8:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ed Miller M.D.		23b. ADDRESS 12 Natl. Bank, Indep., Mo.	23c. DATE SIGNED 7-8-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 9, 1953	24c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	24d. LOCATION (City, town, or county) (State) Jackson Co. Missouri
DATE REC'D BY LOCAL REG. 7-9-53	REGISTRAR'S SIGNATURE [Signature]	554 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Raytown, Mo.	

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

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..

Student
Signature of Student Embalmer

Signed *John R. Sidman*
Licensed Embalmer No. *453*
P. O. Address *Kansas City*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**