MAR 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7263
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe. Registration District No. 583
(b) Township or Jefferson. Primary Registration District No. 578 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Ulterback
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jimison Ulterback

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home -
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Missouri

FATHER
13. NAME Joseph Smelser.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Emily Tipton.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Orvie Ulterbach
(ADDRESS) Springfield ell.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stoutsville Mo. DATE March 15 1939

19. FUNERAL DIRECTOR (NAME) Wilson + Son.
(ADDRESS) Monroe City Mo

20. FILED 3-21- 1939 R. P. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939, to March 13 1939
I last saw he alive on March 9 1939. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Natural
Left eight hrs	Gen
unconscious	age
Jaundice	
Metastasis	

Other contributory causes of importance:
5b

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M.D.
(Address) Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo

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

If this body is not embalmed, above space should be left blank.