

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

7248

Do not use this space.

4197 MAR 18 1940

1. PLACE OF DEATH
 (a) County McDonald Registration District No. 192
 (b) Township Buffalo Primary Registration District No. 5698 Registered No. _____
 (c) City _____ or _____
 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY ULMER
 (a) Residence, No. Woodman near R.F.D. #1 St. Mo.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Diedrick Ulmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	86	2	14	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 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) Bellville (STATE OR COUNTRY) Illinois

FATHER
 13. NAME Leonard Merker
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Lortz
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT W. E. Ulmer (ADDRESS) Seneca Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Hill Co. Mo. DATE Feb. 5, 1940

19. FUNERAL DIRECTOR (NAME) Blatt Buzzard (ADDRESS) Seneca Mo.

20. FILED 3-10 1940 Chas. W. Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1940 to Feb. 3, 1940
 I last saw her alive on Feb. 1, 1940 Death is said to have occurred on the date stated above, at 3-15 PM
 The principal cause of death and related causes of importance were as follows:
Apoplexy
 Date of onset _____

Other contributory causes of importance: gan

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) W. E. Ulmer, M. D.
Seneca Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2.
50M-9-19-38
1 X16605

RECEIVED

District Health Officer No. 6,

District File Number 340 - 874

Date Filed MAR 15 1940

RECORDED
INDEXED
MAR 15 1940

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.....

B. W. Buzzard....., Registered Apprentice No.
working under my personal supervision.

Signed B. W. Buzzard.....

Licensed Embalmer No. 2334.....

P. O. Address Seneca 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7248

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 147

Primary Registration District No. 5698

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Buffalo rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary Elmer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 4-10-50 (b) Chas W. Wilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County McDonald
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. Goodman mo (R.F.O.)
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Feb day 3
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. B. Duenkel (M. D. or other)
Address Seneca mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-7248