

NOV 21 1940

STANDARD CERTIFICATE OF DEATH

State File No. 36148

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wabash Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Amouré
 (c) City or town Madison
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 3rd
 year 1940 hour _____ minute 45 P. M.
 21. I hereby certify that I attended the deceased from _____
 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally fell
from 3rd step to ground while ascending
steps resulting in fracture of L. pelvis
Due to followed by pneumonia.

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

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) Accident
 (b) Date of occurrence Aug. 31, 1940
 (c) Where did injury occur? Moberly, Randolph, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No. (Specify type of place) _____
 (e) Means of injury fall

23. Signature P. S. Kwiatkowski (M. D. or other) _____
 Address Moberly, Mo. Date signed 9/4/40

3. (a) PRINT FULL NAME William H. Ulen

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 9th 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 24 hr. _____ min.

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

10. Usual occupation Retired Signal Dept

11. Industry or business Wabash. R R

12. Name Amos Ulen

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Middleton

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rexi Roberts

(b) Address Madison Mo

17. (a) Burial (b) Date thereof Sept 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo

19. (a) Sept 5-1940 (b) Leah Kullback
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1989

Date Filed OCT 24 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank S DeWalt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.