

5-17-39  
I X21402

Registration District No. 626

Primary Registration District No. 3031

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville  
(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)

Life (Specify whether)

3. (a) PRINT FULL NAME Bertha Julia Ulmer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept 19 1890  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jake Blacketer

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

14. Maiden name Julia Middleton

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

16. (a) Informant William Ulmer

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 8-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) Aug-16-41 (b) Name E Clardy  
(Date received local registrar) (Registrar's signature)

556 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville  
(If outside city or town limits, write "RURAL")

(d) Street No. 911 E. 3rd  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1941 hour five minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from July 3 1941 to August 14 1941  
that I last saw her alive on August 14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to Chronic Ulcers

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

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 H. M. Chase (M. D. or other) DD

Address Maryville Missouri Date signed 8-15-41

Duration five weeks several years

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

SEP 17 1941

OCT 10 1941

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**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 Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, N.Y.

**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.



