

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

FILED NOV 19 1943 5v  
Registration District No. **4381**

Primary Registration District No. **4381**

**1. PLACE OF DEATH:**

(a) County **Madaway**  
(b) City or town **Hopkins**  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **Most all his life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Otho Ulmer.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Nancy Alice Ulmer** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **Jan 3 1864** (Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **23** If less than one day hr. min.

9. Birthplace **S.W. Hopkins Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming Retired**

11. Industry or business **Farming**

12. Name **George M. Ulmer**

13. Birthplace **Scott County Indiana** (City, town, or county) (State or foreign country)

14. Maiden name **Julia Ann Murphy**

15. Birthplace **Pyro Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Lanette Ulmer**

(b) Address **Hopkins Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-28-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Hopkins Cemetery**

18. (a) Signature of funeral director **August Funeral Home**

(b) Address **M. Amville Missouri**

19. (a) **10/28/43** (Date received local registrar) (b) **Otho Ulmer** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Madaway**  
(c) City or town **Hopkins** (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct** day **26** year **1943** hour **5** minute **- a.m.**

21. I hereby certify that I attended the deceased from **Sept. 1 1943** to **Oct 26 1943** that I last saw him alive on **10/24 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Anger of rt. foot**  
Due to **Arterio-Sclerosis**  
Due to

Duration **3 weeks**  
**many yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94**  
Of autopsy

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

**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 **C. W. ...** (M. D. or other) **10/28/43**  
Address **Hopkins** Date signed

**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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Marquette, M.

**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, fact should be so stated above.**