V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25336

Registration District No. 252 Primary Registration District No. 4381 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Hopkins
(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 0 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway 74
(c) City or town Hopkins 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Ulmer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella May Ulmer
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July (Month) 9 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	0	2	hr. min.

9. Birthplace Nodaway County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name George Max Ulmer
13. Birthplace Unknown (City, town, or county) Ill. 1 (State or foreign country)
MOTHER
14. Maiden name Judith A. Murph
15. Birthplace Unknown (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Lyle Ulmer
(b) Address Hopkins, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 13 (Day) 1944 (Year)
(c) Place: burial or cremation Hopkins, Mo.
18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo.
19. (a) 7-13-44 (Date received local registrar) (b) O H Sayler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1944 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from 10/1, 1944 7-11-, 1944 that I last saw him alive on July 11, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular disease of heart

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other) MD
Address Hopkins Date signed 7/13/44

555 (Licensed Embalmer's Statement on Reverse Side)

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 myself; Registered Apprentice No._____, working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins 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, fact should be so stated above.