No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5045

FILED FEB 27 1946

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town RURAL--Jefferson Twnshp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D.#4, Jefferson City, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town RURAL 8
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#4, Jefferson City, Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John R. Ulrey

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Eliza Ulrey

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

7. Birth date of deceased Dec (Month) 16 (Day) 1864 (Year)

8. AGE: Years 81 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Miami, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Ulrey
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Maith
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Ulrey
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Dewitt, Missouri

18. (a) Signature of funeral director Roger J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 2-22-46 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1946 hour 4 minute 30a M.

21. I hereby certify that I attended the deceased from Feb 20, 1946 to Feb 22, 1946
that I last saw him alive on Feb 22, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	4 days
Due to: Cardiac Renal	
Due to: Vascular disease	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. P. Dorris MD (M. D. or other)
Address Jefferson City Mo Date signed 2/22/46

68 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-26-46

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. Fred P Dulle

Licensed Embalmer No. 3890

P. O. Address. Jeff City 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.