S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30241

Primary Registration District No. 4016

Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Atchison
(b) City or town: Tarkio
(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 years, months or days)
In this community: 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Atchison 3
(c) City or town: Tarkio 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: GERTRUDE MARGARET WULBER
3. (b) If veteran, name war: **
3. (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Theodore J. Wulber
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 9 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	14	hr. min.

9. Birthplace: Dellsboro (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
FATHER
12. Name: Louis Veit
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Verna Austin
(b) Address: Tarkio, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio Home Cemetery
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Tarkio, Mo.
19. (a) Aug. 25-47 (Date received local registrar) (b) Mrs. H. D. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 23 year: 1947 hour: 8 minute: 30 p. M.
21. I hereby certify that I attended the deceased from Aug 22, 1947, to Aug 23, 1947, that I last saw him alive on Aug 23, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (3rd Hemorrhage)	1 hr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypotension	8 yrs.
Diabetes Mellitus	3 yrs

Major findings:
Of operations:
Of autopsy: 61

PHYSICIAN
Underline the cause of 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: C. L. Haskell (M. D. or other)
Address: Tarkio, Mo. Date signed: 8/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Jno. M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.