

FILED APR 20 1948
 Registration District No. **2**

Primary Registration District No. **3022**

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

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Bolivar
(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)

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

3. (a) PRINT FULL NAME Daniel B. Ulrey
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 13
 year 1948 hour 12 minute 45 P. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Mila Ulrey
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased June 25 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5 or 6 years
 to Apr 13 1948
 that I last saw him alive on Apr 10 1948
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Sarcocystis
 Duration _____

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

Due to _____

10. Usual occupation farmer

Due to _____

11. Industry or business _____

Other conditions _____
(Include pregnancy within 3 months of death)

12. Name Samuel W. Ulrey

Major findings:
 Of operations _____

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

Of autopsy _____

14. Maiden name Mary Cripe

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

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

16. (a) Informant Mrs Mila Ulrey

(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereof April 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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

(b) Address Bolivar, Mo.

19. (a) April 7, 1948 Ralph Gorden
(Date received local registrar) (Registrar's signature)

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 J. A. Bridges (M. D. or other) _____

Address 1302 War Date stated _____

RECEIVED

District Health Officer No. 7

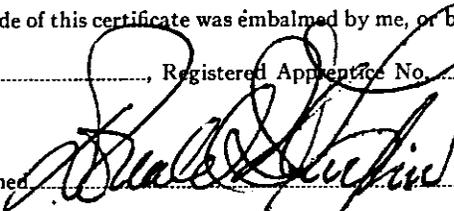
District File Number 2-48-424

Date Filed 4-19-48

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.....

..... Charles F. Fox....., Registered Apprentice No. 22
working under my personal supervision.

Signed .....

Licensed Embalmer No. 3053.....

P. O. Address Bolivar, 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.