

FILED AUG 3 1948

Registration District No. **251**Primary Registration District No. **3048**Registrar's No. **118**

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
 (Specify whether years, months or days) 14 days

3. (a) PRINT FULL NAME Ulysis Senator Risser3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Miniana Risser 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 17 1866
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>26</u>	hr. _____ min.

9. Birthplace Florence Colorado
(City, town, or county) (State or foreign country)10. Usual occupation Retired former

11. Industry or business

MOTHER FATHER { 12. Name Jacob Risser 4
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Lacey
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Lelan Risser(b) Address Bedford Iowa17. (a) Burial (b) Date thereof 7-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rutson Cem. Sheridan Mo18. (a) Signature of funeral director Frank Wetmar(b) Address Bedford Iowa19. (a) 7-24-48 (b) Dee Holtz
(Date received local registrar) (Registrar's signature) 2-2-9

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor ⁹⁹⁹
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Jackson Township 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 10 A.M. minute _____ M.21. I hereby certify that I attended the deceased from July 1 1948 to July 13 1948
that I last saw him alive on July 12 1948
and that death occurred on the date and hour stated above.Immediate cause of death: Carcinoma of bladder
Duration 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 52B
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) (c) Means of injury 023. Signature B. P. ... (M. D. or other) MD
Address Bedford Iowa Date signed 7/19/48

SEP 7 1948

DISTRICT HEALTH OFFICE
COLUMBIA, Md.

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 *Self*

....., Registered Apprentice No.
working under my personal supervision.

Signed *Frank L. Wetmore, Jr.*

Licensed Embalmer No. *4517*

P. O. Address *Bedford, Iowa*

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.