

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31378
Registrar's No. 34

BIRTH NO. _____		REG. DIST. NO. 292	PRIMARY REG. DIST. NO. 6002		Registrar's No. 34
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Saltriver Township)</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Saltriver Township)</u> 0870		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Mo. R.F.D.</u>			d. STREET ADDRESS (If rural, give location) <u>Perry, Mo. R.F.D.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrey</u>		b. (Middle) <u>Emma</u>	c. (Last) <u>Ulry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2		8. DATE OF BIRTH <u>Aug. 26, 1869</u>	9. AGE (In years last birthday) <u>81</u> <u>0</u> <u>12</u> <u>0</u> <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co., Illinois.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Thomas Buchanan</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Dole</u>		14. NAME OF HUSBAND OR WIFE <u>James Ulry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Ulry</u> ADDRESS <u>Perry, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 6, 1950</u> , to <u>Sept 8, 1950</u> , that I last saw the deceased alive on <u>Sept. 8, 1950</u> , and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Ernest T. Swan</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Perry, Missouri</u>		23c. DATE SIGNED <u>9-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marion Co., Mo.</u>					
DATE REC'D BY LOCAL REG. <u>9-10-1950</u>		REGISTRAR'S SIGNATURE <u>Clyde A. Wesley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde A. Wesley</u> ADDRESS <u>Perry, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 13 1950
DISTRICT HEALTH OFFICE #
District File Number 950-
Date Filed: SEP 15 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Clyde C. Wilkey

Signed.....
Student Embalmer

Licensed Embalmer No. *3860*

P. O. Address *Perry, Ind.*

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.

Received 10/2/50