No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1952

State File No. 11729

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 6da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunderwerth Home for aged

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Laurence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Verona 55.50
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): S.
c. (Last): WARD Umlauf

4. DATE OF DEATH (Month) (Day) (Year): 3 9 1952

5. SEX: Fe Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknowned
8. DATE OF BIRTH: 10-12-1886
9. AGE (In years last birthday): 65 — If under 1 year: Months 4, Days 27 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Belleville, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Emile Viney Umlauf
13b. MOTHER'S MAIDEN NAME: Sophia Berg
14. NAME OF HUSBAND OR WIFE: Unknowned
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): /
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Constance Ward — ADDRESS: Joplin, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Not Known
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None Known

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION: /
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: /

22. *I hereby certify that I attended the deceased from* 3-8, 1952, *to* 3-9, 1952, *that I last saw the deceased alive on* 3-9, 1952, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Hove MD (Degree or title)
23b. ADDRESS: Nevada, Mo.
23c. DATE SIGNED: 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-11-52
24c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
24d. LOCATION (City, town, or county) (State): Jasper, Mo

DATE REC'D BY LOCAL REG.: 3-12-1952
REGISTRAR'S SIGNATURE: Emma E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE: March Funeral Home — ADDRESS: Aurora, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.