

11 OCT 8 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30910

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 233
(b) Township Super Centre Primary Registration District No. 3-8-13
(c) City Rural (d) Street No. 1 Registered No. 17
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Carrie Hermann Hillier St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF James Hillier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1865
7. AGE YEARS 77 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. same
10. Date deceased last worked at this occupation (month and year) same
11. Total time (years) spent in this occupation same

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery, Mo

13. NAME John R. Ulrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Luise Steinmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wallerstein Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wallerstein Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wallerstein Mo.

20. FILED SEP 9 1942 Mrs. Virginia Norton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-1942

22. I HEREBY CERTIFY, That I attended deceased from July 7th 1942 to Sept 8th 1942
last seen alive on Sept 7th 1942 Death is said to have occurred on the date stated above, at 8:12 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus and bladder
Date of onset 48 hr

Other contributory causes of importance:

Name of operation Hysterectomy Date of Sept 1942
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) A. Ulrich M. D.
(Address) Wallerstein, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

W.B. Vell

Licensed Embalmer No.

1088

P. O. Address

Vellaville, 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, above space should be left blank.