

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39188

Registration District No. 104

Primary Registration District No. 3208

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Callaway 3
(b) City or town Fulton
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days) 116.2

8. (a) PRINT FULL NAME Sollie Elizabeth Ulrich

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Ulrich 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 11 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Nathaniel Russell

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

14. Maiden name Sarah E. Holmes

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

16. (a) Informant's own signature Hazel Ulrich
(b) Address Fulton Missouri

17. (a) Burial (b) Date thereof Dec 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Hillard Cavelan
(b) Address Fulton Missouri

19. (a) Dec 1, 1939 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton
(If outside city or town limits, write "RURAL")

(d) Street No. 407 E. 9th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1939 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov., 1935, to Nov. 29, 1939;
that I last saw her alive on Nov. 29, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia Duration 2 month

Due to Aplastic

Due to 121

Other conditions Nephrosis 1938
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Myocarditis, Nephrotic Kidneys, Gallstones, Aplastic bone marrow.

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 _____

28. Signature Clay E. Hutchins (M. D. or other) S.O.

Address Fulton, Mo. Date signed 12/1/1939

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

Signed..... *Harold J. Christey*
Licensed Embalmer No. *4002*
P. O. Address..... *Dulton, 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.