

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Parnell  
(c) Name of hospital or institution: None  
(d) Length of stay: In hospital or institution None  
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Parnell  
(d) Street No. Rural 3 1/2 miles  
(e) Citizen of foreign country? (Yes or No) None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1942 ho 3 minute 46 M.  
21. I hereby certify that I attended the deceased from Dec 27  
1941 to Jan 11 1942  
that I last saw her alive on Dec 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia with Paralysis  
Due to High Blood pressure

Other conditions (include pregnancy within 3 months of death) 43d  
Major findings: Of operations ✓  
Of autopsy ✓

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? ✓

23. Signature Egbert Crowson (M. D. or other) ✓  
Address Parnell Mo Date signed Jan 11

3. (a) PRINT FULL NAME Elo May Ulman Williams  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Albert Williams 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Sept 14 1876

8. AGE: Years 65 Months 3 Days 27 If less than one day hr. min.

9. Birthplace S.W. Bernard Missouri

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business  
12. Name Albert Ulman  
13. Birthplace Ohio  
14. Maiden name Faustine Ulman  
15. Birthplace Ohio

16. (a) Informant Donald Williams

(b) Address Maryville Mo

17. (a) Burial (b) Date thereof 1-13-42

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Wm. J. ...

(b) Address 907 South Main Maryville Mo

19. (a) 1-3-42 (b) Wallace F. Kennedy

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

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**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 *W. H. Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Maryville 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, fact should be so stated above.**