

FILED AUG 14 1942

Registration District No. 341

Primary Registration District No. 3075

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Samuel Ulen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dora Ulen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 28, 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Ullin Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Fredrick Ulen
13. Birthplace No Record
14. Maiden name Rebecca Nalley
15. Birthplace No Record

16. (a) Informant Mrs. J. C. Williamson
(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 7-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 7-15-42 (b) Mrs. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 100
(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. Walnut Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 12 1942 to July 13 1942
that I last saw him alive on July 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 day
Due to Arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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 ↑
23. Signature S. S. Harris (M. D. or other) MD
Address Dexter Mo Date signed 7-13-42

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

103
3
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RECEIVED

District Health Office No. 2,

District File Number 842-1033

Date Filed 8-12-42

FILED

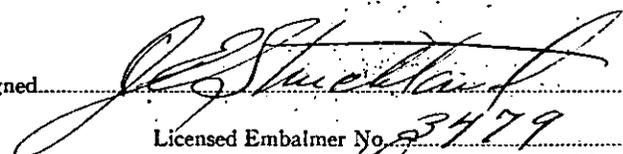
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.