

S. No. 2  
DM-542  
v. 5-17-39  
X32873

33552

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 5 1942

Registration District No. ....

Primary Registration District No. 3016

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Call

(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
209 Clay Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 6 Miles S.W. Fulton  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ella Bell Stultz

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1942 hour 7 minute 20 P M.

4. Sex X / 1 5. Color or race W

6. (a) Name of husband or wife W. H. Stultz

6. (b) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 6 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 22 1942 to Oct 28 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72	6	22	hr. min.
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Immediate cause of death Cerebral Hemorrhage

Duration 6 days

9. Birthplace St Charles Co. Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Housewife

Other conditions 83a  
(Include pregnancy within 3 months of death)

11. Industry or business Home

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

12. Name Henry Fridley

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

14. Maiden name Margaret Davidson

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

16. (a) Informant Mrs. Chas. Guernant

(b) Address Fulton, Mo.

17. (a) Removal (b) Date thereof Oct 28 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callaway County

18. (a) Signature of funeral director [Signature]

(b) Address Fulton, Missouri

19. (a) 10-29-42 (b) Norma Richter  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address Jefferson City, Mo. Date signed 10-29-42

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

MOTHER FATHER

24-42  
446

874

**STATEMENT BY LICENSED EMBALMER**

NOV 24 1942

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 Geo M. Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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.**