

FILED OCT 9 1944

Registration District No. 341

Primary Registration District No. 3025

Registrar's No. 47

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)

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 18
 year 1944 hour 2 minute 0 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Thomas J. Ulen 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Dec. 17 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 5, 1944, to Sept. 13, 1944
 that I last saw her alive on Sept. 13, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 8 25 hr. _____ min.

Immediate cause of death:
Senile Myocarditis D.K.

9. Birthplace Dongola Ill.
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93d

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

MOTHER FATHER

11. Industry or business _____
 12. Name Pat Fitzgerald
 13. Birthplace No Record
(City, town, or county) (State or foreign country)
 14. Maiden name Arboline Thompson
 15. Birthplace No Record
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Mr. Louie Ulen
 (b) Address Dexter, Mo.
 17. (a) Burial (b) Date thereof 9-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dexter Cemetery
Blankenship-Strickland
 18. (a) Signature of funeral director _____
 (b) Address Dexter, Mo.
 19. (a) 8-29-44 (b) Nora Smith
(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) no
 (b) Date of occurrence no
 (c) Where did injury occur? no
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. J. Davis (M. D. or other) _____
 Address Dexter Mo. Date signed 9-14-44

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

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RECEIVED

District Health Office No. 2,

District File Number 1044-1298

Date Filed 10-4-44

OCT 9 1944

APR 21 1953

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 Dept. 4410

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.