

Registration District No. 70

Primary Registration District No. 3015

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cleaton

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

(c) Name of hospital or institution:
108 1/2 E 3rd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70
(Specify whether)

In this community 25 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cleaton

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

(d) Street No. 108 1/2 E 3rd St
(If rural, give location)

(e) Citizen of foreign country? 70 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oliver F. Ulrich

3. (b) If veteran, name war ✓

3. (c) Social Security No. 44 046 9080

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1947 hour _____ minute 9:30 A.M.

21. I hereby certify that I attended the deceased from 1940
19 _____ to 10 Feb 19 47
that I last saw him alive on 10 Feb 19 47
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred Ulrich

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 15 1869
(Month) (Day) (Year)

Immediate cause of death Angina pectoris

Due to _____

Due to _____

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

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

77 5 25 hr. _____ min.

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

10. Usual occupation Insurance & real estate agent

11. Industry or business _____

12. Name Henry Ulrich guardian

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

14. Maiden name Martha Jones

15. Birthplace No Record Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oliver F. Ulrich

(b) Address Cameron

17. (a) Buried (b) Date thereof Feb 12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 2-12-47 (b) Mrs. Willie James
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 94B

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? _____

While at work _____ (Specify type of place) (e) Means of injury D

23. Signature W. B. James (M. D. or other) _____

Address Cameron Mo Date signed 12 Feb 47

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

25
1

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *B. D. Nelson*.....
Licensed Embalmer No. *4421*.....
P. O. Address *Cameron*.....

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.