

FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20886**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2503**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **one day - infant** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1610 Central** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Upchurch Infant** **12/6**

3. (b) If veteran, name war **---** 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.**

6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 6th 1940**
(Month) (Day) (Year)

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

9. Birthplace **K.C.** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None** **1**

11. Industry or business _____

MOTHER FATHER { 12. Name **Guy Upchurch** **D.**
13. Birthplace **Ky.** (City, town, or county) (State or foreign country)
14. Maiden name **Jewell Newbury**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Record clerk**
(b) Address **K.C. Gen. Hospital, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **June 14-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director **Wm A. ...**

(b) Address **K.C. Gen. Hospit**

19. (a) **June 18, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7th**
year **1940** hour **6** minute **10 A.** M.

21. I hereby certify that I attended the deceased from
June 6th 1940 to **June 7th 1940**
that I last saw her alive on **June 7th, 1940**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Prematurity
159
Due to _____
Due to _____
Other conditions... (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration
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) _____
(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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **P. De ...** (M. D. or other)
Address **Supt. K.C. Gen. Hospital, K.C. Mo.** Date signed _____

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

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.....

P. O. Address.....

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, above space should be left blank.