

No. 2
4-13-46
12730

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10557**

Registration District No. **956** Primary Registration District No. **5394** Registrar's No. _____

34
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Douglas**
(b) City or town **Denlow - Norwood, Mo., Rt. 2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NEARDEN-LOW CLINIC
(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 **FRANK UPSHAW**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **MALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **ARMINA PATRICK UPSHAW** 6. (c) Age of husband or wife if alive **Deceased** years _____
7. Birth date of deceased **Feb. 14 1852**
(Month) (Day) (Year)

8. AGE: Years **88** Months **1** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Webster Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER { 12. Name **ESSIE UPSHAW**
13. Birthplace **X** _____ (City, town, or county) (State or foreign country)
14. Maiden name **MARIEA (?)**
15. Birthplace **X** _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Geo. UPSHAW**
(b) Address **14th N. GROVE, Mo.**

17. (a) _____ (b) Date thereof **1-10-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Denlow - Barber**

18. (a) Signature of funeral director **Russell Barber**
(b) Address **14th N. Grove, Mo.**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **34**
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1941** day _____ year _____ hour _____ minutes _____ M.

21. I hereby certify that I attended the deceased from **2/26-1941** to **1/21-1941** that I last saw him alive on **1/21-1941** and that death occurred on the date and hour stated above.

Immediate cause of death **flu - 10 days before**
Due to **Cold**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature **A. J. Wainwright** (Specify type of place) _____ (M. D. or other) _____
While at work? _____ (e) Means of injury _____
Address **Norwood, Mo.** Date signed _____

RECEIVED

District Health Officer No. 8,

District File Number 441-648

Date Filed APR 16 1941

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10557

Registration District No. 276
456

Primary Registration District No. 639 5388

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Douglas, Cass, J. P.
(b) City or town Clinton
(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 _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas
(c) City or town Cass J. P. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Newwood, Mo R2.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank W. Shaw

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 89 Months 1 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) - (Day) (Year) _____
(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 6-9 1941 (b) Robb King White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1941 hour 6 minute _____ P. M.

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

Immediate cause of death _____ Duration _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
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 _____
23. Signature F. A. Daignon (M. D. or other) _____
Address Newwood Mo Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UPPER CASE LETTERS

S-10557 1941

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.