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X26390

FILED SEP 13 1941

Registration District No. 1527

Primary Registration District No. 3079

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St Elizabeth Hospital
(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 Marion 64

(c) City or town Harrison 3
(If outside city or town limits, write "RURAL") 4

(d) Street No. 704 S Main
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kenneth G. Upshaw

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13
year 1941 hour _____ minute 11:45 A.M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: May 18 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 12, 1941
to August 13, 1941.

that I last saw h. ER alive on August 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus Septicemia Duration 4 days.

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

2 26 _____ hr. _____ min.

Due to Staphylococcus in the blood stream.

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ralph Upshaw

13. Birthplace MO - 0 -
(City, town, or county) (State or foreign country)

14. Maiden name Maxine Dewey

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

Major findings: _____
Of operations _____

Of autopsy No autopsy but the blood culture taken 18 hours before death showed the above germ.

22. If death was due to external cause, 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? _____

16. (a) Informant Ralph Upshaw

(b) Address 704 S Main Harrison Mo

17. (a) Burial (b) Date thereof Aug 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeler Mo

18. (a) Signature of funeral director James O'Connell

(b) Address 8-15-41

19. (a) 8-15-41 (b) J. C. Fisher
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Ralph B. Jordan Date signed 8/15/41
Address Harrison, Mo.

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..... *Michael J. Homan*

Licensed Embalmer No. *3246*

P. O. Address..... *Hannibal 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.