

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

32033

FILED OCT 16 1941

Registration District No. 561

Primary Registration District No. 4330

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Miller  
 (b) City or town Eldon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Eldon Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 min.  
 (Specify whether  
 In this community 56 yrs  
 years, months or days)

3. (a) PRINT FULL NAME Henry F. Uptergrove3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Laura L. Uptergrove 6. (c) Age of husband or wife if alive 57 years7. Birth date of deceased February 22 1885  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
56 6 27 — hr. — min.9. Birthplace Moniteau Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farming11. Industry or business Farm12. Name John Uptergrove13. Birthplace unknown Ky.  
(City, town, or county) (State or foreign country)14. Maiden name Jane Mc Daniels15. Birthplace Moniteau Co. Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Laura L. Uptergrove(b) Address Eldon Mo.17. (a) Burial (b) Date thereof (Month) (Day) (Year)(c) Place: burial or cremation Green Ridge Cem.18. (a) Signature of funeral director Keith May(b) Address Eldon Mo.19. (a) 9-20-1941 (b) Belle Haynes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County MILLER  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7 mi. N. of Eldon, Mo.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. — years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19  
year 1941 hour 11 minute 50 AM.21. I hereby certify that I attended the deceased from  
Sept 19 1941 to Sept 19 1941  
that I last saw him alive on Sept 19 1941  
and that death occurred on the date and hour stated above.Immediate cause of death Gunshot wound in  
Brain, suicide Duration 2 1/2 hrs

Due to

Due to 164cOther 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) suicide(b) Date of occurrence 9/19/41(c) Where did injury occur Greenridge Church Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at Greenridge Church  
(Specify type of place)While at work? Yes (e) Means of injury gun23. Signature H. D. Waller (M. D. or other)Address Eldon Mo. Date signed 9/20/41

RECEIVED  
Miller County Health Dep't.  
County File Number 41-100  
Date Filed 10/4/41

---

---

**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 Keith M. Gays  
Licensed Embalmer No. 2998  
P. O. Address Eden 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, above space should be left blank.**