

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1111 St. Mary's Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 68 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 St. Mary's Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 41 hour _____ minute 2 A.M.

21. I hereby certify that I attended the deceased from Sept 29 1941 to Oct 29 1941
that I last saw her alive on Oct 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Basal obstructive
Due to Carcinoma

Duration
2 days
2 mo?

Due to _____
Other conditions none
(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Jas. A. Hill (M. D. or other)
Address Jefferson City Date signed 10-29-41

3. (a) PRINT FULL NAME Mrs. Catherine Upschulte

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John B. Upschulte 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov 15 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 14 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Gerhardt Motschenbach

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

14. Maiden name Mary

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

16. (a) Informant Conrad Schneider

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Thos. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) Oct 31 1941 (b) Mrs. Ma. Richter
(Date received local registrar) (Registrar's signature)

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 *Fred P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City, 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.