

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. 24

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
AUG 3 1942

1. PLACE OF DEATH:

(a) County. TEXAS

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

(c) Name of hospital or institution: 1 General Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State. Missouri (b) County. Texas

(c) City or town. Houston, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Robert E. Upton

3. (b) If veteran, name war. World

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1942 hour _____ minute _____

21. I hereby certify that I attended the deceased from No Attending Physician, 19____, to 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex. Male 5. Color or race. White

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

6. (b) Name of husband or wife. Lena Upton

6. (c) Age of husband or wife if alive. 51 years

7. Birth date of deceased. March 18 1891
(Month) (Day) (Year)

Immediate cause of death. Myocardial Infarction
Probably the result of being exposed in world war.

Due to _____

Due to _____

8. AGE:

Years	Months	Days	if less than one day
<u>51</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) 92 lb

9. Birthplace. Alvord, Texas 1
(City, town or county) (State or foreign country)

10. Usual occupation. FARMER

11. Industry or business _____

12. Name. Andrew Upton

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

14. Maiden name. Lizzie Young

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

Major findings: _____

Of operations. _____

Of autopsy. _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant. wife

(b) Address. Houston

17. (a) removal (b) Date thereof. July 8
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. ALVORD TEXAS

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. 3

18. (a) Signature of funeral director. Russell Barber

(b) Address. Houston, Mo.

19. (a) 7-8-42 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

23. Signature. R. P. Hubbard Coroner
(M. D. or other)

Address. Houston Mo 1

Date signed 7-7-42

SEP 1 1942

JUL 20 1942

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 Russell Barber
Licensed Embalmer No. 3848
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.