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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18402  
Registrar's No. 89

**DEAD** MAY 20 1943

Registration District No. 209

Primary Registration District No. 3043

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
New Goodrich

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 811 Lindell  
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 811 Lindell (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma C. Uplinger  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 29 year 1943 hour 1 minute 30 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Daniel Uplinger 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased August 13, 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 16 1943 to 3-29 1943 and that death occurred on the date and hour stated above.  
that I last saw her alive on 3-29 1943  
Immediate cause of death Coronary sclerosis  
Due to General arterio-sclerosis

8. AGE: Years Months Days If less than one day  
66 7 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Adenoma of thyroid  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jim McAfee

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Uplinger

(b) Address 811 Lindell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Wm. M. Smith  
(b) Address 902 Broadway Hannibal Missouri

19. (a) 3-30-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

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)  
Means of injury \_\_\_\_\_  
23. Signature Spencer S. Suddell (M. D. or other) M.D.  
Address Hannibal, Mo. Date signed 3-30-43

**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.....

..... George T. Bond ....., Registered Apprentice No. 350  
working under my personal supervision.

Signed *Wm M Smith* .....

..... Licensed-Embalmer No. 1204 .....

P. O. Address Hannibal Missouri .....

**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.**