

S. No. 2
OM-2-43
ev. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21907

State File No. _____

FILED JUL 12 1944

Primary Registration District No. 5644

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Loppyette

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

(c) Name of hospital or institution:
3 mi. S.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Loppyette

(c) City or town Lunington 54
(If outside city or town limits, write "RURAL") 0

(d) Street No. 3 mi S.
(If rural, give location) 0

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

If yes, name country 0

3. (a) PRINT FULL NAME MARTIN H. UPHAUS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec, 1938, to June 9, 1944
that I last saw him alive on June 8, 1944
and that death occurred on the date and hour stated above.

4. Sex ma 5. Color or race W

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

6. (b) Name of husband or wife Adelle Winters

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

7. Birth date of deceased: Jan (Month) 7 (Day) 1864 (Year)

Immediate cause of death Cerebral arteriosclerosis

Duration 6 yrs

8. AGE: Years 80 Months 5 Days 24 If less than one day _____ hr. _____ min.

Due to 97

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

10. Usual occupation farmer

11. Industry or business retired

Other conditions Parkinson Syndrome
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Casper Uphaus

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

14. Maiden name Anna Esselmann

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Adelle Uphaus

(b) Address Lunington Mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 7-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Lunington

18. (a) Signature of funeral director Frank J. Jumper

(b) Address Lunington Mo

19. (a) 7-6-44 (Data received local registrar) (b) Mrs. Fred Schaub (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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 7-6-44 _____ Date signed _____

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

54

Replanned

DEC 11 1948

MAR 15 1956

RECEIVED

District Health Officer No. 8,
District File Number _____

Date Filed 7-11-48

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 Garrett P. Stumpel

Licensed Embalmer No. 3278

P. O. Address Livingston, 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.