No. 2
I—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7061

Registration District No. FILED FEB 17 1947 318

Primary Registration District No. 1003

Registrar's No. 1291

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Mo BAPTIST Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57

(c) City or town WHITESIDE
(If outside city or town limits, write "RURAL")

(d) Street No. R R #
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE E. UPTEGROVE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE O

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife MYRTLE

6. (c) Age of ~~husband~~ or wife if alive 45 years

7. Birth date of deceased AUG (Month) 2 (Day) 1897 (Year)

8. AGE: Years 49 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARMING

FATHER
12. Name SAMUAL M. UPTEGROVE
13. Birthplace CORSO (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name ELLA RUE HALL
15. Birthplace WHITESIDE (City, town, or county) Mo (State or foreign country)

16. (a) Informant MRS MYRTLE UPTEGROVE
(b) Address WHITESIDE, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation WHITESIDE, Mo

18. (a) Signature of funeral director J.O. MUDD FUN'L HOME
(b) Address BOWLING GREEN Mo

19. (a) FEB 7 - 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 1ST year 1947 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 27, 1947, to Feb 1, 1947 that I last saw him alive on Feb. 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chr. Nephritis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph Clarney (M. D. or other) MD

Address 906 Olive St Date signed 2-5-47

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1947

FEB 28 1947.

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 Konald Yahnke

Licensed Embalmer No. 3917

P. O. Address 4355 Washington Av

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.