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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Lemmon

State File No. 23943

Registrar's No. 606

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1419 N. Grant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1419 N. Grant 6
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Eugene Vernon Upton

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb. (Month) 9 (Day) 1888 (Year)

8. AGE: Years 59 Months 5 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Bolivar (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Court Reporter

11. Industry or business Greene County

FATHER
12. Name Joseph B. Upton 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Nancy Gravely
15. Birthplace Stockton (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. E.V. Upton
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bolivar, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 7-11-47 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1947 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from 7-8, 1947 to 7-9, 1947
that I last saw him alive on 7-9, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 6 hrs

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

94A

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) .....

(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? 0 (e) Means of injury? 0 ✓

23. Signature Bruce Lemmon (M. D. ~~or other~~)
Address Springfield Mo. Date signed 7-9-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 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 Walter E. Hamilton

Licensed Embalmer No. 8808

P. O. Address Springfield 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.