

No. 2
M-8-43
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.

FILED FEB 9 1948

Registration District No. 4

Primary Registration District No. 5024

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Atchison

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

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Rural (Polk Twsp)
(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 Luther Judson Upkike

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8 year 1948 hour ABOUT 11:00 AM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. 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 Widowed

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

7. Birth date of deceased: 11 (Month) 23 (Day) 1872 (Year)

Immediate cause of death: ACUTE MYOCARDITIS

Duration _____

8. AGE: Years 76 Months 1 Days 14 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name H.D. Updike

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary E Carpenter

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

16. (a) Informant Grace Updike

(b) Address Rock Port.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-48
(Month) (Day) (Year)

(c) Place: burial or cremation High Creek

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? _____

18. (a) Signature of funeral director: Bartholomew Mortuary

(b) Address Rock Port, Mo

19. (a) 1-11-48 (Date received local registrar) (b) Becky Crabtree (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thos F Hay (M. D. or other) DO

Address WESTBORO, Mo Date signed 1-9-48

CORNER

FEB 18 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Paul Buschalemer*

Licensed Embalmer No. 3173

P. O. Address Route Port. 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.