

FILED MAY 24 1948
Registration District No. **572**

Primary Registration District No. **4552**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **Wright**

(b) City or town **Mountain Grove**
(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 **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **wright**

(c) City or town **Mountain Grove**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Sarah Carolina Upshaw**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20th**
year **1948** hour **9** minute **10** A. M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **George Upshaw**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **January 29 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-23 48** to **4-20 48**
that I last saw him alive on **4-20 48**
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **6** Days **21** If less than one day
hr. min.

Immediate cause of death **Cardiac Failure**

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

Due to **Carcinoma of Liver and Gall Bladder**

10. Usual occupation **Housewife**

Due to.....

11. Industry or business.....

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

12. Name **Hiriam Rose**

Major findings:
Of operations.....

13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

Of autopsy **HBF**

14. Maiden name **Annie Wade**

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

22. If death was due to external causes, fill in the following:

16. (a) Informant **George Upshaw**

(a) Accident, suicide, or homicide (specify).....

(b) Address **Mountain Grove, Missouri**

(b) Date of occurrence.....

17. (a) **Burial** (b) Date thereof **4/22/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur?.....
(City or town) (County) (State)

(c) Place: burial or cremation **Hill Crest Cemetery**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

18. (a) Signature of funeral director **Sep Staff**

While at work?..... (e) Means of injury.....

(b) Address **Mountain Grove, Missouri**

23. Signature **W G Craig** (M. D. or other) **2 00**

19. (a) **5-4-48** (b) **A. L. Am...**
(Date received local registrar) (Registrar's signature)

Address **Wright Grove Mo** Date signed **4-25-48**

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

MOTHER FATHER

100

48

Duration

6 mo.

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 6
District File Number 548-587
Date Filed MAY 20 1948

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 _____

Licensed Embalmer No. 3161

P. O. Address _____

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.