S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20670

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2287

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami

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

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

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Mr. William Franklin Upton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mr. Carmen Upton

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

7. Birth date of deceased January (Month) 28 (Day) 1876 (Year)

8. AGE: Years 64 | Months 4 | Days 6 | If less than one day hr. min.

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

10. Usual occupation Switchman

11. Industry or business Missouri Pacific R. R.

FATHER 12. Name Franklin Upton

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

MOTHER 14. Maiden name Rebecca Holt

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

16. (a) Informant Mrs. Carmen Upton

(b) Address Osawatomie Kas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Osawatomie, Kansas

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) June 3, 1940 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1940 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 1, 1940, to June 3, 1940 that I last saw h alive on June 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial decompensation	1 wk
Due to Arteriosclerotic hypertension	
Due to Cardiac disease	3-4 yr
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)

(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 J. E. Leitler (M. D. or other)

Address 1002 Argyle Bldg Date signed June 3-40

(Licensed Embalmer's Statement on Reverse Side)

M H.
Upton
Send over to 1st M.
at 9 a.m. to be
signed
Dr. J E Castles

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 Kenneth Page Sipe

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.